ż

19. UNOERTAKER

(Address)

STATE OF MARYLAND	-CERTIFICATE OF DEATH 7782
1. PLACE OF DEATH County Allegans Causty	Registration Dist. No.
Village or City Prost burg. M.d. Length of residence in city or town whera death occurred yrs. 2. FULL NAME Maria L. Abel (a) Residence: No. 39 Prost	(If death occurred in a hospital or institution, give its NAME instead of street and number) mosds. How long in U.S. if of foreign birth?yrsmosds. If U.S. Veteran, specify WAR St., Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED	
Female Black OR DIVORCED (write the word)	
5a. If marriad, widowed, or divorced HUSBANO of (or) WIFE of Daniel Abel	22. HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, end year) 7. AGE Years Months Days If LESS that	I last saw he alive on 12, 1936 death is said to have occurred on the date stated above, at
92 2 3 1 day,min. 8. Trada, profassion, or particular kind of work dona, as SPINNER, 17 21	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Oate of onset
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc. 10. Date deceased last worked at this perquation (month and	-dies
10. Date deceased last worked at this occupation (month and year) occupation	
12. BIRTHPLACE (city or town) Baston md.	Other Contributory Causes of importance:
(Stata or country) C 13. NAME Nat Known (Ross.) Culeus Salargua
14. BIRTHPLACE (city or town) Nat Known)	Nama of operation Date of What test confirmed diagnosis? Was there an autopsy?
15. MAIOEN NAME Not Known 16. BIRTHPLACE (city or town) Not Known (State or country)	23. If daath was due to external causes (VIOLENCE) fill in also tha following:
(Stata or country)	Accident, suicide, or homicide? Oate of injury, 19
17. INFORMANT Clarence Abel (Address) 39 First Street	(Specify city or town, county and State) Specify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, OREMATION, OR REMOVAL. Place Allesson, Cemeters Oate July 31. 19	36 Manner of Injury

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registrar.

If so, specify (Signed)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," ctc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II		
The principal cause of dcath and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
WENT V.	2			
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

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Example I Example II The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy .c . A OVALIBE 1 week ago Run over by street car Chronic interstitial nephritis 1921 1 week ago Cerebral hemorrhage July 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

STATE OF MARYLAND—CERTIFICATE OF DEATH

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BINDING

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Chronic interstitial hephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage AUG 1	July 5,1927	Peritonitis	3 days ago
MIREAL V S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
	142		
	1.		

MARYLAND-CERTIFICATE OF DEATH

STATE OF MARTLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(191)
County allegas WITHIN CORPOR	ATE LIMITS Registration Dist. No. 4
Village or City 6 due a (If	No. 337 222d asc St., 6-death occurred in a hospitel or institution, give its NAME instead of street end no
Length of residence in city or town whera death occurredyrs,mos	ds. How long in U.S. if of foralgn birth?yrsmos
2. FULL NAME Les blade Baer	If U. S. Veteran, specify WAR
(a) Residence: No. 737 and Care	St., 6 - Ward.
(Usual place of abode)	If nonresident give city or town and S
	MEDICAL CERTIFICATE OF DEATH
Male A. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH TOLK (Month) (Day)
5a. If married, widowed, or divorcad	
(or) WIFE of Bessie Preaseon	22. I HEREBY CERTIFY, That I attended of
6 22 1 1900	I last saw h and elive on 1935
	to heve occurred on the data stated above, at
35 8 1 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
Trada, profession, or particuler kind of work dona, es SPINNER,	8 5
andustry or business in which	and the second
SAW MILL, BANK, atc. 23 alto x 6 hrs of the	
10. Date daceesad lest worked at this occupation (month and spant in this	- H
	Other Contributory Causes of importance:
(State or country)	Heat Elleric Trou
# 13. NAME John H Bear	made epicace cond
14. BIRTHPLACE (city or town)	Name of operation Date of
(State of country)	What tast confirmed diagnosis? Was there an at
15. MAIDEN NAME anna Lorditan	23. If death was due to extarnal causes (VIOLENCE) fill in also the following:
	Accidant, sulcida, or homicida? Dete of Injury
(State or country)	Whera did injury occur? (Specify city or town, county end State
17. INFORMANT Besse Back (Addrass) 1 2 4 md Mns	Spacify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA
18. BURIAL, CREMATION, OB REMOVAL	Mannar of injury
Plece II Julia Vallata July 14, 19 0.1	Nature of injury
19. UNDERTAKE TORONS Office In	24. Was disease or injury In any way related to occupation of dacaased?
(Addrass) bulend md	If so, spacify
20. FILED July 14, 1956 De J. P. Dauhlin	(Signed) Linea H. Bank
	1. PLACE OF DEATH County Alle 9 WITHIN CORPOR Village or City 6 WITHIN CORPOR (a) Residence: No. 737 2nd Carallel Park (a) Residence: No. 737 2nd Carallel Park (b) Residence: No. 737 2nd Carallel Park (a) Residence: No. 737 2nd Carallel Park (b) Residence: No. 737 2nd Carallel Park (a) Residence: No. 737 2nd Carallel Park (b) All marked, widowed, or divorced HUSSAND of (wnize the word) (b) All marked, widowed, or divorced HUSSAND of (wnize the word) (c) WIFE of BERTH (month, day, and year) (c) Age Yeers Months Days If LESS than 1 day, hrs. or min. (c) Arade, profession, or particuler or min. (a) Trada, profession, or particuler or min. (b) Author or particuler or min. (a) Trada, profession, or particuler or min. (b) Author or particuler or min. (b) Author or particuler or min. (c) Ask MILL, BANK, alc. (a) Residence: No. 737 2nd Carallel Market or min. (b) Author or particuler or min. (c) Trada, profession, or particuler or min. (b) Author or particuler or min. (c) Trada, profession, or particuler or min. (a) Trada, profession, or particuler or min. (b) Author or particuler or min. (c) Trada, profession, or particuler or min. (a) Trada, profession, or particuler or min. (b) Author or particuler or min. (c) Trada, profession, or particuler or min. (a) Trada, profession, or particuler or min. (b) Author or particuler or min. (c) Trada, profession, or particuler or min. (day, m

Œ	No. 9 3 9 Mad as St., 6. death occurred in a hospitellor institution, give its NAME instead of street god	-/Ward
mos		
	If U. S. Veteran, specify WAR.	
	St., 6 — Ward. If nonresident give city or town and	State
-	MEDICAL CERTIFICATE OF DEATH	District
_	21. DATE OF DEATH	
	(Month) (Day)	, 193 (Year)
	22. I HEREBY CERTIFY, That I attended	
5	1 1	; death is said
	to heve occurred on the data stated above, atlam.	
rs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
,	D 4	
3	augus Pastors	1-11-2
T		
		-3
2	Othar Contributory Causes of importance:	
		-
-	was shaulton trois	· James
	Name of operation Date of	
-	What tast confirmed diagnosis?	autopsy?
	23. If death was due to extarnal causes (VIOL ENCE) fill in also the following	g:
	Accidant, sulcida, or homicida? Dete of Injury	, 19
-	Whera did injury occur?(Specify city or town, county end Stat	(e)
	Spacify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PL	ACE.
	Mannar of injury	
3.	Nature of injury	
	24. Was disease or injury In any way related to occupation of dacaased?	wo
,	If so, spacify	
	(Signed) Luna H Done	M. D.
	(Addrass) - le Marchael au d	Just
	And the second s	

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AUG 6 1930				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
			1.	4		

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
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BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year,

If LESS than

1 day.____hrs.

or min.

Exact properly may that ain efully d in DEATH be pluods OF nation

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County

Village or City

2. FULL NAME

(a) Residence: No.

ELI BEEMAN

(Usual place of abode)

21. DATE OF DEATH (Year) CERTIFY. That I attended deceased from to have occurred on the date stated above, et. T.2 - 25m. A , M . The PRINCIPAL CAUSE OF DEATH and related causes of importance Date of onset Other Contributory Causes of Importanca:

MEDICAL CERTIFICATE OF DEATH

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Ward.

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23. If death was due to external causes (VIOLENCE) fill in also the following:

Manner of injur

Nature of injury

(Signed)

Name of operation

What test confirmed diagnosis?

24. Wes disease or If so, specify

(Address)

WRITE

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Chronic interstitial nephritis Cerebral homorrhage	1921	Run over by street car	1 week ago
Cerebral homorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

	MARYLAND-	CERTIFICATE OF DEATH
1. PLACE OF DEATH		CORPORATE LIMITS. Registration Dist. No. H
CountyALLEGANY	900	CORPORATE Registration Dist. No.
Village or City CUMBER LA	TITE WILLIAM	No. INDINOTERED HODE TERED - STO Ware
Length of residence In city or town where death		f death occurred in a hospital or institution, give its NAME instead of street and number) sds. How long in U.S. If of foreign birth?yrsmosds
2. FULL NAME DEVON SP.		If U. S. Veteran, specify WAR
(a) Residence: No. ARTENAS.		St., Ward.
_	(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICA		MEDICAL CERTIFICATE OF DEATH
MALE WHITE	SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
ia. If married, widowed, or divorced HUSBAND of (or) WIFE of	ild'	22. I HEREBY CERTIFY. That I attended deceased from
DATE OF BIRTH (month, day, and year)	PT. 26 193	Plast saw h dlive on 1996 death is sai
. AGE Years Months	Days If LESS than	to have occurred on the date stated above, at 1. 8.00 m.
4 9	15 I day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or perticular kind of work done, es SPINNER,	ILD '	Tracture I vaul of Date of one
SAWYER, BOOKKEEPER, etc.	.±4D	shull 1 1 80
kind of work done, es SPINNER, CH SAWYER, BOOKKEEPER, etc 9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at		fraction but all
10. Date deceased last worked at this occupetion (month and year)	11. Total time (years) spent in this occupation	Stembollion of Ty
2. BIRTHPLACE (city or town) PENNA. (State or country)	-artemas,	Other Contributory Causes of Importance:
13. NAME		1
14. BIRTHPLACE (city or town) SPEN	CER REED BOOR	Name of operation Dete of Dete
(State of Country)	A. artemas	What test confirmed diegnosis? Was there an eutopsy?
15. MAIOEN NAME SYLVIA J	AY	23. If death was due to external ceuses (VIQL ENCE) fill in also the following:
16. BIRTHPLACE (city or town)PENNA (State or country)	artemas.	Accident, suicide, or homicide? Accident sate of injury 19. S. Where did injury occur terms of a Public State of State o
7. INFORMANT MEMORIAL HOS	PITAL	(Specify city or town, county and State) Specify whether in ury occurred in INDUSTRY in HOME, or In PUBLIC PLACE.
(Address) CUMBEREAND.	MD	Otuble Cod, -
Place Farmiew Con Oct	July 14 1936	Manner of injury Struck by automatile
9. UNOERTAKER Jacob Ja (Address) Cumber l	feel.	24. Wes disease or injury in any way related to occupation of deceased?
20. FILEOgraphy 12, 19.36.20.9	P.Frankli Registrar.	(Signed) (Address) (Address) (Address)
If more blank		2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927 May 1,1923	of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance: May 1,1923 Gastroenteritis

	CERTIFICATE OF DEATH	6906
1. PLACE OF DEATH	(146) : MITS.	,
County allegany	CORPORATE Registration Dist. No. 4	<i>L</i>
Village or City Le sum Assland W	ITHNO. allegamen to hetal ST.	4 Ward
	f death occurred in a hospital or institution, give its NAME instead of street an sds. How long in U.S. If of foreign birth?yrs.	
2. FULL NAME margaret & Boyce	If U. S. Veteran, specify WAR	
(a) Residence: No. 645 n. Centre	St., 2 Ward.	
(Usual place of abode)	If nonresident give city or town a	nd State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (rurite the word)	21. DATE OF DEATH	6
Homale White married	(Month) (Day)	(Yaar)
5a. If merriad, widowed, or divorced HUSBAND of	22. HEREBY CERTIFY That I attende	nd deceased from
(or) WIFE of Porter R. Boyer	June 2 3 19 36 to July 2	0 1936
6. DATE OF BIRTH (month, day, and year) Sula 4 1908	I last aw her alive on Oule 120 19	6: death is said
7. AGE Years Months Oeys If LESS than	to have occurred on the data stated above, at 8:42 Lm.	
1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and ralated causas of Importanca were as follows:	
9 Trade profession or particular	were as ronows.	Date of oneet
kind of work dona, as SPINNER, omsawife.	arenia -	July 18.
9. Industry or business in which work was done, as SILK MILL.		
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc 9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc 10. Oate deceased last worked at 11, Total time (yeers)	-	
this occupation (month and yaar) occupation		
O	Other Contributory Causes of importance:	Do
12. BIRTHPLACE (city or town)	Stomatities -	July 13,
57	- Receasin Vacuting of Cregnan	about
	f 0	144 22
(Stata or country)	Transcription of the view of t	
	What tast confirmed diagnosis? Was there a	
* The state of the	23. If death was due to external ceuses (VIOLENCE) fill in also tha follow	
2 16. BIRTHPLACE (city or town) (State or country)	Accident, suicida, or homicide? Date of injury	, 19
P + P B	Where did injury occur?(Specify city or town, county and S	itate)
17. INFORMANT (Address) 44.5 6 April 1	Spacify whether injury occurred in INDÚSTRY, in HOME, or in PUBLIC	PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury	
Place I'me Itall Samoate 7/73, 1936	Nature of injury	
19. UNDERTAKER Arms Stern Inc.	24. Wes disease or injury in any way related to occupation of decaased?	700 -
Chanter Com	II sv, spauly	
20. FILED July 23, 1936. Ar. J. P. Frankling. Registrar.	(Signed) Summelly factory (Address) 119 Address	M. D

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows: CEIVED Arteriosclerosis	Pate of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis AUG 6 1926	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

-WRITE PLAI

V. S. No. 1

STATE OF MARYLAND—CERTIFICATE OF DEATH

6907

1. PLACE OF DEATH			
County Allegan	4	A	Registration Dist. No. 6
Village or City Manual	nkart	ma-	NoSt.,V
WITHIN CORPORATE CIMI			death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town who	ere death occurred	yrsmos	ds. How long in U.S. if of foreign birth?yrsmos
2. FULL NAME John	8. Lon	adled	/ If U.S. Veteran specify WAR.
(a) Residence No.		16	St., Ward.
	(Usual place	of abode)	If nonresident give city or town and State
PERSONAL AND STATIS	STICAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE		RfED, WfDOWED. D (write the word)	21. DATE OF DEATH (Months) (Day) (Year
5a. If married, widowed, or divorced HUSBAND of	1 1	. // 6	0. (
(or) WIFE of	ulu 15	1936	22. I HEREBY CERTIFY, That I attended deceased
7	1	11	7-15 ,1936 ,to 7-16 ,193
6. DATE OF BfRTH (month, day, and year) 7. AGE Years Months	V	1 141500 11	I last saw h; death is
7. AGE Years Months	Days	If LESS than f day,hrs.	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance
		ormin.	were as follows:
8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc			- Stelf Beck -
work was dona, as SILK MILL,	1		
9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc	f 1. Total ti	ime (yaars)	- 17-15 Ash
this occupation (month and year)	spar	nt in this	
2/	1-1	+	Other Contributory Causes of Importance:
f2. BIRTHPLACE (city or town) (State or country)	signing	M	
	- Ing	1/2.	
13. NAME AND MALE 14. BIRTHPLACE (city or town). Male (Stellar a country)	ara p	adley.	
4. BIRTHPLACE (city or town)	slumper	<u>U</u>	Name of oparation Date of
(State of country)	The Contract		What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME MASSA	ulf 11	Kenzue-	23. If death was due to external causes (VIOLENCE) fill In also the following:
O 16. BIRTHPLACE (city or town)	ekyn!		Accident, sulcida, or homicide? Data of Injury, 19
(State or country)	mr.		Where did injury occur?
17. INFORMANT	1 Bras	Med.	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	1	1 - 36	Manner of injury
Place I Teless	2 Date July	4 10,19	- Nature of injury
111/	30000-0		24. Was disease or injury in any way related to occupation of deceased?
f9. UNDERTAKER (Address)	and the state of	the A.	If so, specify
Q 15 4/1	Total al	10	(Signes Comment of Name of
20. FILED JULY N., 1936	7	Registres	(Artifices) Martines Land

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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11.—The number of years the deceased followed the occupation.

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Example I	34 5 5	Example II	
The principal cause of death and relation of importance were as follows:	ed causes Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis AUG 5	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importan	ice:	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1 B. ż

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	50	PH	act	
	RE	7.	Ex	
5	IN	L	d.	
3	NE	CI	sifie	
2	MA	VX	las	
pT	PER	H	ly c	ate.
J.K	A	ted	per	iffica
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TARGIN RESERVED FOR BINDING	HIS	be	pe	Jo
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	-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	hation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	AAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	TION is very important. See instructions on back of certificate.
	E E	shor	OF	s ve
	III	no	SE	Z
1 .	WE	pati	JAL	LIO.
	1	E	-	1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 6908
1. PLACE OF DEATH	Registration Dist. No.
County Assequent	Registration Dist. No.
Village or City MARCHAEL (IF	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town whete death occurred.	ds. How long in U.S. if of foreign birth?
2. FULL NAME Justin Diade	lf U. S. Veteran, specify WAR
(a) Residence: No. Sandrusung Sanglas (Usugiplace of abody)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Attale Attale Attale Attale	21. DATE OF DEATH (Month) (Oay) (Year)
5a. If married, widewed, or divorced HUSBANO of	
(or) WIFE of Margaret Mi Kenzie Budley	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month day, and year) March 23, 1866	I last saw h stive on dead July 15, 1936; death is said
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at
8 Trada, profession, or particular	were as follows:
kind of work done, as SPINNER, Allinee SAWYER, BOOKKEEPER, etc	acul, Cardial Delation
Salndustry or business in which	1/2 hr.
SAW MILL, BANK, etc.	
10. Date deceased last worked at this occupation mogth and G24 spent in this year)	4
year)	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) (State or country) (Penna w kvama	Back Mathin
	101 overes usually 10 gry
14. BIRTHPLACE (city or town)	
4. BIRTHPLACE (city or town) (Stata or country)	Name of operation Date of
7 2 2 7 7 7	What test confirmed diegnosis? Was there an autopsy?
# Secret Courte of the s	23. If deeth was due to external causes (VIOLENCE) fill In also the following:
O 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide?
m. 0 1 2 10	(Specify city or town, county and State)
17. INFORMANT MISS LEWIS COLLEGE	Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Oak Hell Conctain Date July 18, 1936	Neture of injury
19. UNOERTAKER The Cichhand	24. Was disease or injury in any way related to occupation of deceased?
20. FILED My 17 136 2. Don Tylor	If so, specify (Signed) M. O.
Registrar.	(Address)
If more blanks are needed, address State Registrar,	2412 N. Charles Street, Baltimore, Requesting V. S. No. 2.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	li	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis AIG A 1936	1921	Run over by street car	1 week ago
Cerebral hemorrhage BUREAU V. S.	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance: Gallstones	M 1 1000	Other contributory causes of importance: Gastroenteritis	
dustones	May 1,1923	Gasir genter tits	1 year

V. S. No. 1 N. B.—V

STATE OF MAR	YLAND-	CERTIFICATE	OF DEA	TH VA	72680
1. PLACE OF DEATH		920)			0
County allegany	7		Registration D	ist. No.	7
Village or City - Total Burg		No	NAME OF THE PERSON OF THE PERS	St.,	Ward
Length of residence in city or town where death occurred		death occurred in a hospital or instit			
2. FULL NAME	2/13-				
(a) Residence: No.	Smi	ward.			
(a) Residence. No.	of abode)		lf nonresident g	ive city or town and	State
PERSONAL AND STATISTICAL PART	ICULARS	MEDICAL C	ERTIFICATE	OF DEATH	
	RRIED, WIDOWED.	21. DATE OF DEATH		_	
III w mo			(Month)	(Day)	(Year)
a. If married, widowed, or divorced HUSBAND of	11.1	22. I HEREB	YCERTIFY	That I attended	deceased from
(or) WIFE of Senne M. A	Ibidmore	-Jan 1	1934 to 6	Telle 5	1036
DATE OF BIRTH (month, day, and year)	21-1898	last saw h alive on	July C	1936	_: death Is sai
AGE Years Monors Days	If LESS than	to have occurred on the date stat	ted above et /120	4-m.	
38 - 14	1 day,hrs.	The PRINCIPAL CAUSE OF DEA	TH and related causes	s of importance	,
Trade, profession, or particular	/	Well as lollows.	N		Date of once
kind of work done, as SPINNER, auto	nechanic	- Chronic /F	Council	Ce_	5
Industry or business In which work was done, as SILK MILL,		Finds	raidi	tio	
SAW MILL, BANK, etc.	time (years)	mittal S	tenous	·2	- /
	ant In this				-
Has triel	l.	Other Contributory Causes of Imp	portance:		
2. BIRTHPLACE (city or town)	md				
1				****	
12-11-		Name of a sealing		Data of	-
14. BIRTHPLACE (city or town) (State or country)	md.	Name of operation Whet test confirmed diegnosis?	Cha E	Date of	autonous)
	-2 600	23. If death wes due to external ca			
		Accident, suicide, or homicide?			
16. BIRTHPLACE (city or town) (State or country)	mal	Where did injury occur?		are or injury	
7-18.		Specify whether injury occurred	(Specify city or t In INDUSTRY, In HDA	own, county and Sta	te) ACE.
7. INFDRMANT (Address)	a les		,		
18. BURIAL, CREMATION, OR REMOVAL	Aci	Manner of injury			
Totalen Centry hackharbate for	ly 8, 1936	Neture of injury			
9. UNDERTAKER		24. Was disease or injury in any	way related to occupa	tion of deceased?	מת
(Address)	ra mo	If so, specify		()	
20. FILED 7 - 6 1936 a. R. Well	has, no. we	(Signed)	n.C. L. per	JA /	M.
, , , , , , , , , , , , , , , , , , , ,	Registrar.	(Address)	Lordet	hideg	md-
If more blanks are needed,	address State Registrar.	2411 N. Charles Street, Baltimore, I	Requesting V. S. No.	1.	

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Chronic interstitial nephritis ALIC 1 936	1921	Run over by street car	1 week ago
Cerebral hcmorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE F	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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stated EXACTLY. PHYSICIANS should state

Exact statement of OCCUPA-

properly classified.

pe

CAUSE OF DEATH in plain terms, so that it may

mation should be carefully supplied.

AGE should be

V. S. No. 1

STATE OF MARYLAND-CERTIFICATE OF DEATH

1	1. PLACE OF DEATH	48
	County Allegary WITHIN CO	DRPORATE LIMITS Registration Dist. No.
	Village or City Dumkaland	No. 641 Aurech St., 4 Ward death occurred in a hospital or institution, give its NAME instead of street and number)
		death occurred in a hospital or institution, give its IVAIVIE instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.
	2. FULL NAME Smeared Bermel B	If U. S. Veteran, specify WAR
	(a) Residence: No. 641 Lincoln	St., 4 Ward.
	(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
	J. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH Land
	Hangle White ORDIVORCED (write the word)	(Mynth) (Day) (Year)
	5a. If married, widowed, or divorced HUSBAND of	
	(or) WIFE of Homer Sall	22. I HEREBY CERTIFY, That I ettended dacassad from
e.	6. DATE OF BIRTH (month, day, and yaer) Sell 7 190.3	I last saw h elive on Jaly 17/ 186 ; daath is said
icat	7. AGE Yaars Months Days If LESS than	to have occurred on the date stated above at
certificate	32 /0 /0 ldey,hrs.	The PRINCIPAL CAUSE OF DEATH and ralated causes of importanca were as follows:
of c	8. Trade, profassion, or perticular kind of work dona, es SPINNER, SAWYER, BOOKKEPER, atc.	garaway of from the
	9. Industry or business in which	Comment Cerry Joy 150
back	SAW MILL, BANK, atc	
s on	O Tio-Date daceased tast worked at this occupation (month and year)	
ion		Othar Contributory Causes of Importance:
instructions	12. BIRTHPLACE (city or town)	
inst	13. NAME mon prontman	
See	14. BIRTHPLACE (city or town)	Neme of operation
	(Stata of country)	What test confirmed diegnosphilate to place. Wes there an autopsylling
important	15. MAIOEN NAME Perdew	23. if deeth wes due to extarnal ceuses (VIOLENOE) fill in also the following:
port	16. BIRTHPLACE (city or town)	Accident, suicida, or homicide? Dete of injury, 19 Where did injury occur?
	17. INFORMANT Itomer Brill	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
very	(Address) Combuland.	
is v	18. BURIAL, CREMATION, OR REMOVAL Compose July 20, 1936	Manner of injury
TION	Piace Italianash and Determine FD, 1936	Neture of injury
TI	19. UNDERTAKER Arms Alexan Fine (Address)	24. Was disease or injury in any way ralated to occupation of deceased?
)	1 P 2 D. LRZ. LO	If so, specify (Signed) M, D.
	20. FILED. 1936 Registrar.	(Address) Limbellow ud

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	=	Example II	
The principal cause of death and related causes of importance were as follows / E D Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset
Chronic intenstitial nephritis & 1036	1921	Run over by street car	1 week ago
Cerebral hemotrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

*	te	+	
N. BWRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	
of	plr	CC	
em	shor	0 J	
y it	S	0 1	
ver	AN	nen	
). E	SICI	ater	
CORI	IYS	st	
ECC	2	Kact	
r R	×.	E	
ENG	LT	ed.	
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ZW.	VX	clas	
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4	ted	per	ific
IS	sta	pro	ceri
HIS	be	þe	of
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ING	A	o th	tion
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n I	Sul	in t	see
ITI	illy	pla	
*	refu	i.	tan
LY	ca	H	por
K	l be	EA	im
PL	onlo	FI	ery
ä	sh	E 0	TION is very important. See instructions on back of certificate.
RIT	tion	US	Z
M	ma	CA	TIC
B.			
ż			

STATE OF MARYLAND—	CERTIFICATE OF DEATH 6911
1. PLACE OF DEATH	(8)
County Collegary WITHIN C	ORPORATE LIMITS. Registration Dist. No. 4
Village or City (with the fand	No. 964 Albuwood St. 6-1 Ward
Length of residence in city or town where death occurredyrsmos.	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long In U.S. it of foreign birth?mosds.
2. FULL NAME Stillborn Bro	UT If U. S. Veteran, specify WAR
(a) Residence: No. 964 Dlenwood	St., 6-1 Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND ot	
(or) WIFE ot	22. HEREBY CERTIFY that I attended deceased from
6. DATE OF BIRTH (month, day, and year) July 4 1936	I last saw h. C.C. alive on
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 4 2 m.
1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind ot work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	(1)
SAWYER, BOOKKEEPER, etc	Frenca turify (5 mo.) 7-4-36
work was done, as SILK MILL, SAW MILL, BANK, etc.	
10 Date deceased last worked at this occupation (month and year)	
year) Occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	
1 13. NAME Dei muia frankling Brown	
14. BIRTHPLACE (city of town)	Name of operation rouge Date of
(State or country)	What test confirmed diagnosis? Clause Cal Was there an autopsy? Are.
15. MAIDEN NAME Vilen Holler Dungan	23. If death was due to external causes (VIOL ENCE) fill in also the tollowing:
16. BIRTHPLACE (city or town) Human doals	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Beas Grown (Address) Company Replacement March 1988	Specity whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Phate July 7, 19 80	Nature of Injury
19. UNDERTAKER Parent, (Address) Cumberland	24. Was disease or injury In any way related to occupation of deceased?
20. FILED July H, 19 36 Dr. J. P. Franklin Registrar.	(Signed) Within the Agreed M. D. (Address) Ha h. Difference St.
	2422 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	- 1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
AUG 6 1936			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STA	ATEMENTS BY PHYSICIA	N
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STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH LIMITS. No. County LLC Village Dr City____ (If death occurred in a hospital or institution, are its NAME instead of street and number) Length of residence In city or town where death occurred yrs mos. ds. How long In U.S. if of foreign birth? yrs mos. ds. 2. FULL NAME If U. S. Veteran, specify WAR_____ (a) Residence: No. (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3_SEX 21. DATE OF DEATH 4. COLOR OR RACE 5, SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) (Year) 5e. If married, widowed, or divorced HUSBAND of I HEREBY CERTIFY, Thet I attended dacaased from Winders (or) WIFE of ______ 19_____ to_____ 6. DATE OF BIRTH (month, day, end year) certificate. 7. AGE Months Deys If LESS than to have occurred on the date steted above, et.....m. 1 dey,____hrs. The PRINCIPAL CAUSE OF DEATH and releted ceuses of importance or____min. Date of onset Trade, profession, or particular OCCUPATION kind of work dona, es SPINNER, SAWYER, BOOKKEEPER, etc ... 9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc..... 1D. Date deceesed last worked et 11. Totel time (yeers) on this occupation (month and spent in this occupation .. Other Contributory Causes of importence: 12. BIRTHPLACE (city or town). (State or country) 13. NAME Name of operation_____ 14. BIRTHPLACE (city or town) (Stata or country) What test confirmed diagnosis?____ OTHER 15. MAIDEN NAME important 23. Il death was dua to externel ceuses (VIOLENCE) fill in also the following: Accident, suicida, or homicide?______ Dete of Injury_____, 19_____ 16. BIRTHPLACE (city or town). (State or country) Where did Injury occur? (Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in-HOME, or In PUBLIC PLACE 18, BURIAL, CREMADION, OR REMOVAL Manner of injury Natura of injury NOL 24. Wes disaese or injury in any way reletad to occupation of deceesed 19. UNDERTAKER (Address) If so, specify (Signed)

Registrar.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

(Addrass)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

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11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
		The state of the s
	1915 1921 July 5,1927	Date of onset The principal cause of death and related causes of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:

should

STATE OF MARYLAND-CERTIFICATE OF DEATH 1. PLACE OF DEATH LIMITS CORPORATE County alle Registration Dist. No. (If death occurred in a hospital or institution, give its NAME Instead of street and number) 13 ds. How long in U.S. If of foreign birth? If U. S. Veteran, specify WAR (Usual place of abode) velcity or town and State

PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 21. DATE OF DEATH 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. OR DIVORCED (qurite the word) Month) (Day) 5a. If married, widowed, or divorced HUSBAND of CERTIFY That I attended deceased from (or) WIFE of 902 6. DATE OF RIRTH (month, day, and year) 7. AGE Months If LESS than Years Devs to have occurred on the date stated above a 1 dev hrs. The PRINCIPAL CAUSE OF DEATH and releted causes of importance or____min. were as follows Trade, profession, or perticuler TION kind of work done, as SPINNER, 22 Industry or business in which OCCUPA work was done, es SILK MILL. SAW MILL BANK, etc... 10. Date deceased last worked at 11. Totel time (veers) this occupation (month and spent in this veer) _____ occupetion ... 12. BIRTHPLACE (city or town) (State or country) FATHER 13 NAME Name of operation. 14. BIRTHPLACE (city or town) (State or country) What test confirmed diagnosis? OTHER 15. MAIDEN NAME 23. If deeth wes due to external causes (VIDL ENCE) fill in also the following Accident, suicide, or homicide: Date of injury 16. BIRTHPLACE (city or town) (State or country) Where did injury occur?, (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE. 18. BURIAL, CREMATION OR REMOVAL Manner of injury _Date Nature of injury

19. UNDERLAKE

Registrar.

If so, specify (Signed)

(Address) If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

24. Was disease or injury in any way related to occupation of deceased

193

(Year)

Date of onset

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephrilis	1921	Run over by street car	1 week ago
Cerebral hemorrhage ECEIVE.	July 5,1927	Peritonitis	3 days ago
AUG 6 1936			
Other contributory causes of importances. Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year

AGE should be stated EXACTLY. PHYSICIANS should state

properly classified.

CAUSE OF DEATH in plain terms, so that it may be TION is very important. See instructions on back of

mation should be carefully supplied.

B.—WRITE PLAINLY,

V. S. No. 1

certificate.

Exact statement of OCCUPA-

STATE OF MARYLAND-CERTIFICATE OF DEATH

6914

1. PLACE OF DEATH	
County allegany	Registration Dist. No. 12
Village or City Allyprore	No. St., Ward
Length of residence in city or town where death occurred 40 yrs	death occurred in a hospital or institution, give its NAME instead of street and number)
11 +4 1	ds. How tong In U.S. if of foralgn birth?
2. FULL NAME Cishburt Lee Caawa	Cladel If U. S. Veteran, specify WAR
(a) Residence: No. Silviere	St., Ward.
(Usual place of abode)	If nonresident give city of town and State
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE MARRIED. WIDOWED.	MEDICAL CERTIFICATE OF DEATH
On A OR DIVORCED (write the word)	21. DATE OF DEATH 24 Th
Thale While Married	(Month) (Day) (Yeer)
5a. If married, withowed, as divorced HUSBAND of A A A A A A A A A A A A A A A A A A	22/ I HEREBY CERTIFY. That I attended deceased from
(or) WHE of Elizabeth Click Cadualla	Le Sept. 1st 1935 10 hely 2 4th 1936
6. DATE OF BIRTH (month, day, and year) Oct. 31, 1875	Hast saw h use allve on July 2 4 47 1936; death is said
7. AGE Years Months Days If LESS than	to have occurred on the data stated above, et 6. P
2 60 8 2 4 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and ralated causas of Importance
8 Trada profession or particular	wera as follows: Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	11/35
Kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or businass in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date dacaesad last worked at this occupation (month and	
SAW MILL, BANK, etc.	
and occupation that I all about in this, and	
year) free / all occupation occupation	Othar Contributory Causes of Importance:
12. BIRTHPLACE (city or town) Avaseshoe	
(State or country) Winging	
13. NAME John Caldwallade	
13. NAME John Caldwallade 14. BIRTHPLACE (city or town)	Name of operation Date of
(State or country) . Luganerur	What test confirmed diagnosis? Was there en autopsy?
15. MAIDEN NAME Jankrown	23. If daath wes due to external ceuses (VIOLENCE) fill in also the following:
15. MAIDEN NAME LANGUAVA 16. BIRTHPLACE (city or town)	Accidant, suicida, or homicide? Dete of Injury19
(State or country) Landmonthly	Where did injury occur?
17. INFORMANT Any Jacob Celich.	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
(Address)	
18. BURIAL, CREMATION, OR REMOVAL	Mannar of injury
Place Cla Colly Cerritery Date Frily d/1, 1936	Nature of injury
10 HADERTAKER M. Ois hely on	24. Wes disease or injury In any way related to occupation of decaased?
(Address)	If so, spacify,
9 44 22 24 8 12 1	(Signad) M. M. Cogranatt 1 M. D.
20. FILED Junely 22 19 8 6 Registrar.	(Address) midlaul ms.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example I		Example II	
principal cause of death and related causes mportance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
riosclerosis	1915	Attack of epilepsy	1 week ago
onic interstitual nephritis	1921	Run over by street car	1 week ago
bral hemorrhage? E C E IV E	July 5, 1927	Peritonitis	3 days ago
VIII: 6 1936			
er contributory causes of importance;		Other contributory causes of importance:	
istones	May 1,1923	Gastroenteritis	1 year
		*	-
er contributory causes of important;	May 1,1923		

IARGIN RESERVED FOR BINDING

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 7783
1. PLACE OF DEATH	(159) Y
County allegang	Registration Dist. No.
Village or City Esthack Drives Md,	No. Varkers Cource Road St, Ward
	death occurred in a hospital or institution, we its NAME instead of street and number)
2. FULL NAME Martha Carter	
D 1. 1 P. 0	U. U.S. Veteran specify WAR.
(a) Residence: No. Carrells hulf (Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
ruale with sugle.	(Month) (Dey) (Year)
5a. If married, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFX, That I attended deceased from
(or) WiFE of	July 30 136 to July 30 1936
6. DATE OF BIRTH (month, day, and year) July 30, 1936	Hast saw her alive on July \$6 ,1936; death is said
7. AGE Years Months Days If LESS than 1 day,hrs.	to heve occurred on the date stated above, at 1/2:30 Pm.
or 25 .min.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc.	
2 Industry or husiness in which	Thomasurite 1936
work wes done, as SILK MILL, SAW MILL, BANK, etc.	
10. Date deceased last worked at this occupation (month and year)	
12. BIRTHPLACE (city or town) Colchack mines,	Other Contributory Causes of importance:
(State or country) , M.C.	Multiple Megnancy
13. NAME James Marrise Carter	(Caevin)
13. NAME James Manuse Carrer 14. BIRTHPLACE (city or town) Expland annes	Neme of operation Prove
(State of Country)	What test confirmed diagnosis? Clinical Wes there an autopsy?
15. MAIDEN NAME Hannot, Eliza Wright	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Harmof, Eliza Wright 16. BIRTHPLACE (city or town) Earth and mains.	Accident, suicide, or homicide?
(State or country) mad.	Where did Injury occur? (Specify city or town, county and State)
17. INFORMANT AM Carrey news and.	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place & cklart, Und Date 7-31, 1936	Nature of injury
19. UNDERTAKER J. M. Carler - (+ ather) (Address) Cestalant mid.	24. Was disease or injury In eny way related to occupation of deceased?
20. FILED 7-31, 1936 a.R. Walher, M. 20. Registrar.	(Signed) Clea A. Stelles A. M. D. (Address) Thospleus Many Land
Acgusta.	N. Charles Street Relainmen Properties 91 (S. No.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	41 16
The principal cause of death and related caus of importance were as follows:	Ses Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis QED 1 1936	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage BUREAU V. S.	July 5,1927	Peritonitis	3 days ago
	-1)		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

IARGIN RESERVED FOR BINDING

V. S. No. 1

STATE OF MARYLAND-	-CERTIFICATE OF DEATH	7784
1. PLACE OF DEATH	(ID)	a
County allegany	Registration Dist. No.	1
Belt Do hel	Registration Dist. No.	
Village of City Con- Card	No. St., (If death occurred in a hospital or institution, give its NAME instead of street and	Ward
	osds. How long in U.S. If of foreign birth?m	
2. FULL NAME Mary Cartes	1	
	alst, Colwander - m	State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (grite the word)	21. DATE OF DEATH	, 193
5a. If married, widowed, or divorced	(Month) (Day)	(Year)
HUSBAND of	22. HEREBY CERTIFY, That I attended	deceased from
	July 30, 1936, 10 July 30	, 1936
6. DATE OF BIRTH (month, day, and year) July 30, 1936	I last saw held alive on July (30, 193)	; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 17:10. Pm.	
1 day,hr:	I I I I I I I I I I I I I I I I I I I	
2 Trade profession or particular	were as follows:	Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	(Thomasures	1936
9. Industry or business in which		-
work was done, as SILK MILL, SAW MILL, BANK, etc.		
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and year) year) 11. Total time (years) spent in this occupation	7	-
Cokhack mines	Other Contributory Canses of Importance:	
12. BIRTHPLACE (city or town) Control (State or country)	Muntito Dillena de	
	- marion frequency	
13. NAME James Maurice Carter 14. BIRTHPLACE (city or town) Eachburk Musics	- (Jewen)	
14. BIRTHPLACE (city or town) Cethant news	Name of operation Date of	
(State of country)	What test confirmed diagnosis? Clinical Was there and	autopsy?
15. MAIDEN NAME Harman Elija Wrigh	23. If death was due to external causes (VIOLENCE) fill in also the following	g:
15. MAIDEN NAME Harmah Elija Wright 16. BIRTHPLACE (city or town) Cekhart muns (State or country)	Accident, sulcide, or homicide? Date of injury	, 19
(State or country) ma.	Where did injury occur?	
17. INFORMANT & M. Carfeer (Address) Carpent Minis Ing.	(Specify city or town, county and State Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PL	ie) ACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury	
Place Eckhart, Md Daty 3/ 193		
19. UNDERTAKER J. U. Carter (Father) (Address) Elektrant made	24. Was disease or interry in any way related to occupation of deceased?	no
20. FILED 7-31, 1936 a.R. Walker . U. 10 Registrar.	(Signed) Colo D. Stiles K. (Address) Trackley red	M. D.
The many blanks are model allow State Design	N Charles Creat Palising Program 71 C N	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example I	li li	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis SEP 1 1936	1915	Attack of epilepsy	1 weck ago
Company hemographes	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR F	FURTHER	STATEMENTS	\mathbf{BY}	PHYSICIAN
------------------------	---------	------------	---------------	-----------

1. PLACE OF DEATH		CERTIFICATE OF DEATH	
County Allegany	. with	N CORPORATE SI-B Registration Dist. No.	4
Village or City	enland.	No. 28 Hindson Rd	1
	11.0	death occurred in a hospital or institution, give its NAME instead of street and	
Length of residence In city or town where o	0 1 11	1	mos
2. FULL NAME A Some	16 Itule lass	many lib. S. Veteran, specify WAR_	
(a) Residence: No. 12	(Usual pface of abode)	Ward. If nonresident give city or town at	od State
PERSONAL AND STATIST		MEDICAL CERTIFICATE OF DEATH	id Diate
3. SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED.	21. DATE OF DEATH	
male White	OR DIVORCED (write the word)	(Month) (Day)	, 193
5a. If married, widowed or divorced HUSBAND of	01		
(or) WIFE of Francis 1	Flant_	22. HEREBY CERTIFY, That I ettende	d decee
6. DATE OF BIRTII (month, day, end yeer)	it 20 ,010	flast sew hum elive on July 6. 1931	dee
7. AGE Years Months	Days If LESS than	to heve occurred on the date steted above, et 1847.	, 000
68 4	l dey,hrs.	The PRINCIPAL CAUSE OF DEATH end releted causes of importance were as follows:	
8. Trade, profession, or perticuler	, <u>a</u> 01	were as follows.	Dat
kind of work done, as SPfNNER, SAWYER, BOOKKEEPER, etc.		Car Curoma of	19
9. Industry or business in which work wes done, as SILK MILL,	Retired	univery materia	9
SAW MILL, BANK, etc	II. Total time (veers)	Staniach	
this occupetion (month end year)	I1. Total time (yeers) spent in this occupation		4
12. BIRTHPLACE (city or town)		Other Contributary Causes of Importance:	
(State or country)	land,	(- (worns of many	
13. NAME Will CA	mangh	Walter 1	17
I4. BIRTHPLACE (city or town)		Name of operation Dete of	
(State of country)	reland.	What test confirmed diagnosis? Wes there as	autops
15. MAIDEN NAME ASSAURA		23. If death was due to externel causes (VIOLENCE) fill in also the following	ng:
I6. BIRTHPLACE (city or town)	9.11	Accident, suicide, or homicide? Date of Injury	p
(Stete or country)	muna.	Where did Injury occur? (Specify city or town, county and S	
17. INFORMANT MAS 1: 14 C	asmangh !	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC f	
18. BURIAL CREMATION, OR REMOVAL	7/6: 21	Manner of fnjury	
Pot lev + Trato Cu	Dete	Neture of Injury	
19. UNDERTAKER Lines St	in Inc.	24. Wes disease or injury in any wey related to occupation of deceased?	
(Address)	Auch	If so, specify	
20. FILED July & , 19 X . Qu	.g. P. Frankli.	(Signed)	
00	Registrar.	(Address)	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I	li li	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis BECEIVED	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage AUG 6 1936	July 5,1927	Perilonitis	3 days ago
BUREAU V. S.	12		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

FOR BINDING

IARGIN RESERVED

V. S. No. 1

of OCCUPA-

1	. PLACE OF				IN I LAND	CERTIFICATE OF BEATTI
h	County		ALLE	GANY	D. WITHIN (CORPORATE LIMITS. Registration Dist. No. 4
	Village or Ci	ty	COMBERT	AND, M	D. WILLIAM	No. Mesnoral Hospt St., 6 Ward death occurred in a hospital or institution, give its NAME (hetead of street and number)
	Length of resid					s
2	. FULL NAM	NE	RUTH C	LARK		If U. S. Veteran, specify WAR
	(a) Residence	e: No	BARTON	A		St., Ward.
-	PERSON	AI AN	D STATIST		ace of abode)	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3.	SEX		R OR RACE		ARRIED, WIDOWED,	21. DATE OF DEATH
	FEMALE	T/T	HITE	OR DIVOR	CEO (write the word)	JULY 3. 1936
5a.	If married, widowe		rcad			(Month) (Day) (Year)
	(or) WIFE of					22. HEREBY CERTIFY, That I attended dacassed from
6.	DATE OF BIRTH (month, day	, and year) Ju	ne 29,	1936	I last saw b W alive on Jacob S 19 6 : death is sain
	AGE Year		Months	Days	If LESS than	to have occurred on the date stated above, at
	4	days			1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows
NO	8. Trade, profess kind of w	sion, or pa ork done,	articular as SPINNER,			
OCCUPATION	9. Industry or b	usiness In	PER, etc which			Henerrhogic Herpern 8/1/3
CUF			SILK MILL,			
8	this occup	ation (mo	nth and	11. Tota	al tima (years) spent in this occupation	
			360 1331	LAND	occupation	Other Contributory Couses of Importance:
12.	(Stata or coun			TIGHT		
ER	13. NAME	FLO	YD CLAR	K		
FATHER	14. BIRTHPLACE (State or o		wn)MAR	YLAND.	†	Name of operation Date of What test confirmed diagnosis? Was there an autopsy?
TER	15. MAIDEN NAN	E H	FLEN LC	UISE J	AMES	23. If death was due to external causes (VIOLENCE) fill In also the following:
MOTHER	16. BIRTHPLACE		wn) PEN	NSYLVA	NIA	Accident, suicide, or homicide?Oate of injury19
-	(State or	country)				Where did injury occur? (Specify city or town, county and State)
17.	INFORMANT (Address)	Park Trainer	ORLAL H		L	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18.	BURIAL, CREMATI			/	0 1	Manner of injury
	Place Sec	nel	Aul	Date / T	4 J J 1936	Natura of injury
19.	UNDERTAKER(Address)	130	itor.	me	1	24. Was disaase or injury in any way related to occupation of deceased?
20.	FILED July	6.	1.36.B	r. J. P.	Frankl Registrar.	(Signad) 2 / 3 Va alleman. (Address) Cumberlande ma.
	0		If more	blanks are neede	d, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
 9.—The industry or business in which the work was done.
 - 10.—The month and year the deceased last worked at the occupation.
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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis - VED	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage AUG 6 1936	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:	1	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

TARGIN RESERVED FOR BINDING	N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECOXD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.
V. S. No. 1	N. B.—WRITE PLAINLY, WITH mation should be carefully sCAUSE OF DEATH in plain TION is very important. Se

STATE OF MARYLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	207.9/
County Megarny.	Registration Dist. No. 14
Village or City / Clarable	No. Bx O Ry St, Ward
	NoSt., Ward f death occurred in a hospital or institution, grysts NAME instead of street and number) sds. How long in U.S. tf of foreign birth?yrsmosds.
2. FULL NAME It sloves Comos	If U. S. Veteran, specify WAR
(a) Residence: No(Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3.8EX 4. COLOR OR RACE S. SINGLE MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH July // 1936
5a. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
0 , -	, 19, to, 19, 19
6. DATE OF BIRTH (month, day, and year)	I last saw h; death is said
7. AGE Years Months Days If LESS than I day,hrs.	to have occurred on the date stated above, atm.
/9 3 7/ ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as flows:
Trade, profession, or particular kind of work done, as SPINNER.	Crosher Skull
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc 9-Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10-Date deceased last worked at this occupation (much and	P
9-Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	Doll legs servered:
10. Date deceased last worked at 11. Totat time (years)	
this occupation (month and spent in this occupation occupation	+ Body conshed
lane ai 'Al	Other Contributory Causer of importance:
12. BIRTHPLACE (city or town) Unique (State or country)	
E CONTROL	
14. BIRTHPLACE (city or town)	Name of operation Date of
	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Anna B Lowery 16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
(State of country)	Where did injury occur? (Specify city of town, county and State)
17. INFORMANT / LO LO COMPANY (Address)	(Specify city of town, county and State) Specify whether injury occurred in INDUSTRY in 10ME, or in PUBLIC PLACE.
18. BURDAL, CREMATION, OR REMOVAL	Manner of injury Body found by Ry
Totalero Cerul a Date 7/13, 1936	Nature of injury as affine.
19. UNDERTAKER Lomis Stein Ins	24. Was disease or injury In any way retated to occupation of deceased?
(Address) Comberland and	tf so, specify
man Cul. 13 .36 9 40 . 1 10 melle	(Signed) 4: Lloyd Wolfe M.D.
20. FILED JULY 19. 19.36 July Language Registrar.	(Address) Gillistic Ind
. If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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	Example 1		Example 11	
	death and related causes follows:		The principal cause of death and related causes of importance were as follows: Attock of epilepsy	Date of onset
Chronic interstitial nephro	tis	1921	Run over by street car	1 week ago
Cerebral hemorrhage		July 5,1927	Peritonitis	3 days ago
	A WEAU Y			
Other contributory cau	ses of importance:		Other contributory causes of importance:	
Gollstones		May 1,1923	Gastroenteritis	1 year
				1

of OCCUPA. Exact statement properly classified. certificate. WITH UNFADING INK-THIS be See instructions on back of CAUSE OF DEATH in plain terms, so that it may AGE should

mation should be carefully supplied.

-WRITE PLAINLY,

N. B.

V. S. No. 1

TION is very important.

(Address)

STATE	OF	MARYLAND-CERTIFICATE	OF	DEATH
		fanti		

1. PLACE OF DEATH County Allegany Village or City Culomberland, M.R. (III	CERTIFICATE OF DEATH 948 NITHIN CORPORATE LIMITS. No. Memorial Hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth? yrs. mos. ds.
2. FULL NAME Grover J. Cooks. (a) Residence: No. (Usual place of abode)	St., Ward. Honesident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE No. DIVORCED (write the word) 5a. If married, widowed, or divorced HUSBAND of HUSBAND of	21. DATE OF DEATH (Month) (Oey) (Year)
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than 1 day, hrs. or min. No No No No No No No No No N	I HEREBY CERTIFY, That I attended deceased from 1926, to 1926; deeth is said to have occurred on the dete-stated above, x 3:20 cm. The PRINCIPAL CAUSE OF DEATH and related ceuses of importance were as follows: Date of onset Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) 14. BIRTHPLACE (city or town)	Courts / yelles
14. BIRTHECACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country)	Name of operation What test confirmed diagnosis? 23. If death was due to external causes (VIOLENCE) fill In also the following: Accident, suicide, or homicide? Where did injury occur?
17. INFORMANT CASS 6. Cotts (Address) 18. BURIAL, CREMATION, OR REMOVAL W. V. Plece T. P. 1936	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, In HOME, or in PUBLIC PLACE. Manner of injury Nature of injury
19 UNDERTAKER Lomo Sten The	24. Wes disease or Injury In any wey releted to occupation of deceesed?

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

If so, specify

(Signed).

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage AUG 6 1930	July 5,1927	Peritonitis	3 days ago	
BUREAU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S/No. 1.

STATE OF MARYLAND—CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the decased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	li li	Example II	
The principal cause of death and related can of importance were as follows:		The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis BECEIV	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	936 1921	Run over by street car	1 week ago
Cerebral hemorrhage AUG 1	July 5, 1927	Peritonitis	3 days ago
BUREAU	v. S.		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

(Oay)

(Year)

Date of onset

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10.-The month and year the deceased last worked at the occupation.

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Example I	İ	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis 3 E	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis 8 1936	1921	Run over by street car	1 week ago	
Cerebral hemorrhage AUG	July 5,1927	Peritonitis	3 days ago	
BUREAU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis .	1 year	

PLACE OF DEATH THIN CORPORATE LIMITS. STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. (If death occurred in a hospital or institu-tion, give its NAME is stead of street and number.) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 5 SINGLE. 4 COLOR OR RACE 3 SEX 16 DATE OF DEATH MARRIED. WIDOWED. OR DIVORCED (Write the word) That I attended the deceased from (Month) (Year) 7 AGE Ilf LESS than and that death occurred on the date stated above, at I day hrs. The CAUSE OF DEATH * was as follows: mos. ds. or min.? 8 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in (Duration) which employed or (employer) 9 BIRTHPLACE Secondary (State or country) 10 NAME OF 11 BIRTHPLACE OF FATHER the Disease Causing Death, or, in Z (State or country) Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. Œ 12 MAIDEN NAME th LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-4 OF MOTHER ients or Recent Residents) CCU 13 BIRTHPLACE OF MOTHER State State Vrs (State or Country) 0 Where was disesse contracted if not at place of death? 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE usual residence QL 19 PLACE OF BURIAL OR REMOVAL INDERTAKER! If more bianks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) fulness of various pursuits can be known. The questired 6 yrs). state occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emer," etc., without more precise specification as Day laborer, Farm luborer, Laborer—Coal mine, etc. Wom-Spinner, cases, especially in industrial employments, it is necescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (regaged in domestic service for wages, as Servart, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken en at home, laborer, Never return "Laborer," "Foreman," "Manager," "Dealadditional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, tion applies to each and every person, irrespective of or given up on account of the DISEASE CAUSING DEATH. household only (not paid Housekeepers who receive a worked on may form part of the second statement. Physician, Compositor, Architect, first line will be sufficient, e. g., Farmer or Planter, Foreman, For many occupations a single word or term on (b) Cotton mill; (a) Salesman, (b) Grocery; sman, (b) Automobile factory. The material who are engaged in the duties of the For persons who have no occupation Stationary fireman, etc. Locomotive engineer, But in many

Statement of Cause of Death—Name, first, the Disease CAUS:NG DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

iplanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury. accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. use of "Tumor" for malignant neoplasms); (name origin; "Cancer" is less definite; avoid as fracture of skull, and consequences (e.g., sepsis, "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock," (secondary or intercurrent) Chronic interstitial nephritis, approved by Committee on unqualified, American Medical Association.) Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, peritonaeum, etc., Carcinoma, Sarcoma, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY resulting from childbirth or miscarriage cough; is indefinite); Tuberculosis of lungs, men-Chronic Example: Measles (disease affection etc. The contributory valvular heart Nomenclature need not be Measles; disease; etc., 01

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

CAUSE OF DEATH in plain terms, so that it may be properly classified.

MON is very important. See instructions on back of certificate.

Exact statement of OCCUPA-

STATE OF MARYLAND—	CERTIFICATE OF DEATH 6922
1. PLACE OF DEATH	(91)
County allegany	Registration Dist. No. 4
Village or City Culled land WITH	No. Cellegary Hospital St., # Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	ds. How long in U.S. if of foraign birth?yrsmosds
2. FULL NAME John Um. Deal X eter	
(a) Residence: No. 645 Columbia Use (Usual place of abode)	St., 3 Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the world)	21. DATE OF DEATH
5a. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBANO of Bertha Bear Deter.	22. I HEREBY CERTIFY That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Mar 27 1887	I last saw h alive on Larly 157 , 1986; death is said
7. AGE Years Months Days If LESS than	to have occurred on the data stated abova, at 7. 3 m.
49 3 18 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
Natrada, péofession, or particular kind of work done, as SPINNER, Conveyor Operator SAWYER, BOOKKEEPER, etc. Souveyor Operator	
Industry or business in which	Moyre Hogo cardilis
Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc	My Charlesia
this occupation (manth and spent in this	
year) occupation occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) Sulder (State or country)	Wante Dililaha 18th
W 13. NAME 13 radder Delen	Heat fromhalin 10 h
E 4 10 10 17	
(State or country)	Name of operation
W 15. MAIOEN NAME Tuelia A BURGA	What test confirmed diagnosis? Was there an autopsy?
H	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
O 16. BIRTHPLACE (city or town) (State or country)	Where did injury occur?
17, INFORMANT Author Wickard (Address) 642 Columbia and Complete	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place St Patricks Cometenpate July 19, 1936	Nature of injury
19. UNDERTAKER ACCORDANGE (Address)	24. Was disease or injury in any way related to occupation of decaased?
20. FILEDJULY 18, 19 26. Dr. J. P. Ferankin	(Signed) A Bown My
If more blanks are needed, address State Penistran	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.
a) more vanas are necaeu, address State Registrar,	2411 IV. Unaries Street, Dattimore, Requesting 'U. S. IVO. 1.

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Example I		Example II	
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Chronic interstitial nephritis CEIVE	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
AUG 6 1936			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923		1 year

CTATE OF MADVIAND CEDTIFICATE OF DEATH

1. PLACE OF DEATH	reide of 131
County allegans 0	Registration Dist. No.
	No More Ward occurred in a hospital or institution, give its NAME instead of street and number)
	sds. How long in U.S. if of foralgn birth?yrsmosds
2. FULL NAME Emma 6 Drake	If U. S. Veteran, specify WAR
(a) Residence: No. 4 19 4 (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH LLY - 9 (Oay) (Year)
5a. If married, widowed, or divorced HUSBAND of	(Month) (Oay) (Year)
(or) WIFE of Manager ()	22. I HEREBY CERTIFY, that I attended deceased from
The war war	1 0 0 21
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Oays If LESS than	i last saw h_ ex_ alive on
7. AGE Years Months Oays If LESS than 1 day,hrs.	to have occurred on the date states above, at
ormin.	were as follows: Que of onset
8. Trada, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc	Cuspuc mersulas regientes 1933
C 1 9. Industry of business in which	Councilar Lichat 1934
work was done, as SILK MILL, SAW MILL, BANK, etc	Thellalen 1936.
SAW MILL, BANK, etc	
yaar) occupation	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town)	Other Continuety Causes of Importance.
(State or country)	
13. NAME John & Wigfuld 14. BIRTHPICE (city or town)	
14. BIRTHPLACE (city or town)	Name of operation Date of
(State of country)	What test confirmed diagnosis? Was there an autopsy?
I 15. MAIOEN NAME liquid tlastsock	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIOEN NAME Asgination to the strong of	Accident, suicide, or homicide? Date of injury, 19
(Stata or country)	Where did injury occur?
17. INFORMANT Marine Deaker (Address)	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Destructe Of Oate July 12., 1936	Nature of injury
19. UNDERHAMER Class Stime Cond.	24. Was disease or injury in any way related to occupation of deceased?
20 Thopaly 10, 1936 Dr. J. P. Frankel	(Signed) All Sleason M.
Registrar.	(Address) & 15 Va LUG (14 herraud MIII)

B.-WRITE PLAINLY, V. S. No. 1

PHYSICIANS should state

Exact statement of OCCUPA.

WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-

IARGIN RESERVED FOR BINDING

AGE should be stated EXACTLY.

CAUSE OF DEATH in plain terms, so that it may be properly classified.

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Example I	li	Example II	
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Chronie interstitial nephritis 1936	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BUREAU V. S. II			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

D. Every item of infor-PHYSICIANS should state Exact statement of OCCUPA-WITH UNFADING INK-THIS IS A PERMANENT RE mation should be carefully supplied. AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. MARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate. -WRITE PLA

V. S. No. 1 N. B.—V

1. PLACE OF DEATH	90
County allegang	Registration Dist, No.
Village or City Loan Jacon	NoSt., Ward (If death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence In city or town where deeth occurredyrsr	nosds. How long In U.S. if of foreign birth?yrsmosds
2. FULL NAME - Grand Llewey A (a) Residence: No.	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
B. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Make	21. DATE OF DEATH ale (Day) (Year)
ia. If married, widowed, or divorced HUSBAND of	
(or) WIFE of Martha Dunkerath	22. OHEREBY CERTIFY That I attended deceased from
DRIE OF BIRTH (Month, day, Bird year)	I last saw h 12 alive on July 19 1935; death is sei
AGE Years Months Deys If LESS than	
3/1 4 /6 ormin.	were es follows:
8. Trede, professión, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Hortie auguston 1938
9 Industry or business in which	900000000000000000000000000000000000000
work was done, as SILK MILL, SAW MILL, BANK, etc.	
	75
year) occupation	Other Contributory Causes of Importance:
12. BtRTHPLACE (city or town)	Parchine Dech Production 100
1	- anales occupation 173
h .//	none
t4. BIRTHPLACE (city or town) Class - Concerny	Neme of operation Date of Date
The state of the s	Whet test confirmed diagnosis? Was there an autopsy?
1 101 1 1	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of Injury, 19
m 5 10 10 1	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
(Address) AFD / The The Control of t	Specify whether injury occurred in INDOSTRI, in HOME, OF INFODERO FEACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Plack say Jacob Date why 22, 193	
19. UNDERTAKER 9. 9. Surak	24. Was disease or injury in eny way related to occupation of deceesed? 20
(Address) (Brostly	If so, specify 1
20. FILED 7-22, 19 36 a. R. Walker 11.	(Signed) (Slow M. M.
Registrar.	ar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

6924

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I			Example II	
The principal cause of importance were	of death and related causes as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	RECEIVED	1915	Attack of epilepsy	1 week ago
Chronic interstitial ne	phritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	AUG 1 1936	July 5,1927	Perilonitis	3 days ago
	BUREAU V. S.			
Other contributory	causes of importance:		Other contributory causes of importance:	- 2 11
Gallstones		May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—	CERTIFICATE OF DEATH 6925
1. PLACE OF DEATH	93:2)
County allegany Ollisia	Registration Dist. No.
Village or City Chuldrand City Li	death occurred in a hospital or institution, give its NAME instead of street and number)
	ds. How long in U.S. If of foraign birth?yrsmosds.
2. FULL NAME Quela Duckswort	If U. S. Veteran, specify WAR
(a) Residence: No. Darrowa Cark	St., — Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (regite the word)	21. DATE OF DEATH (Morrh) (Day) (Yaar)
5a. If marriad, widowad, or divorced HUSBAND of	
(or) WIFE of Wm H Duckworth	22. I HEREBY CERTIFY That I attended deceased from 1936, to 1936
6. DATE OF BIRTH (month, day, and year) Que 10, 1861	I last saw er elive on tuy 19 6; deeth is seid
7. AGE Years Months Days If LESS than	to heve occurred on the data stated above, at
74 10 28 ormin.	Tha PRINCIPAL CAUSE OF DEATH end ralated causas of importanca were as follows:
8. Trede, profassion, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Chronic myorarditis ?
S. Trede, plotassing, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc 9. Industry or businass in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Data daceased last workad at this occupation (month and this occupation (month and this occupation (month and this occupation).	0
10. Data daceased last worked at this occupation (month and year)	
to suprison of the state of the	Other Coutributory Causes of importance:
(Steta or country)	Saratha .
II 13. NAME	aferoscierosus
14. BIRTHPLACE (city or town)	Nama of operation None Data of
(State of Country)	What test confirmed diagnosis? They Cham Wes there en eutopsy? No
15. MAIDEN NAME	23. If daath was due to axternal causes (VIOL ENCE) fill in also the following:
[5] 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?Date of injury19
(State or country)	Whare did injury occur? (Specify city or town, county and State)
17. INFORMANT CARREL M. Hengel	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Places Victor Y Varie Quate Jyry 10, 19 3	Mannar of injury Natura of injury
19. UNDERTAKER (Address)	24. Was disaase or injury in any way related to occupation of decaasad?
20. FILEDJULY 9, 1936, Dr. J. P. Frankli Registrar.	(Signed) WR Hoods, M. D. (Addrass) Cumberland, M. D.
If more higher an model of the Costs Points	" (nullass)

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Example I	i	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis TOFCFIVED	1915	Attack of epilepsy	1 weck ago
Chronic interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage AUG 6 1936	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

item of infor-

STATE OF MARYLAND—CERTIFICATE OF DEATH

6926

1	1. PLACE OF DEATH WITHIN CORE	PORATE LIMITS Registration Diet No. 4
	William and Ca. Ca. Ca. Ca.	nogration vist no.
+	(III	death occurred in a hospital or institution, give its NAME instead of street and number)
	Length of residence In city or town where death occurredyrs	ds. How long In U.S. if of foreign birth?yrsmosds.
	2. FULL NAME Garles FT Corsha	If U. S. Veteran, specify WAR
	(a) Residence: No. 215 Laskols (Usual place of abode)	St., Ward.
	PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIEO, WIOOWEO,	21. DATE OF DEATH
	OR OWORCED (write the word)	/ 193 L
	5a. If marriad, widowed, or divorced	(Month) (Day) (Year)
	HUSBAND of (or) WIFE of	22. A I HEREBY CERTIFY That I attended daceased from
	6 DATE OF RIPTH (month day and war) 44 64 5 1864	1936, 10 10 11, 1936
certificate	6. DATE OF BIRTH (month, day, and year) Must 7 7. AGE Years Months Days tf LESS than	last saw h. da. alive on
ific	70 4 1 1day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
cert	8 Trade profession or particular	wera as follows:
Jo	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc	Generalize atternoverous ?
back	Industry or business in which	
	SAW MILL, BANK, etc	Physician sow patient just before
uo :	this occupation (month and spent in this occupation ————————————————————————————————————	he died a Carle B
instructions	year)	Other Coutributory Causes of importance:
ucti	12. BIRTHPLACE (city or town) (State or country)	Weller Course, unknown. 7-10-36
str	II 13. NAME Same Cakahane	divistion: Two days.
	I	1 love -
See	14. BIRT MELACE (city or town)	Name of operation Oate of What test confirmed diagnosis? What test confirmed diagnosis? Was there an autops?
it.	15. MAIDEN NAME Harritt Harden	What test confirmed diagnosis? Was there an autopolical Was there are also account with the was there are a was the wa
important	16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Oate of injury 19
pol	Stata or country)	Where did injury occur?
	17. INFORMANT Mrs. Laura On Cullough	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
is very	(Address) 275 taces see 40	
S	18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
	Place A Sel . II Oate July / H ., 19 3.6	Nature of injury
TION	19. UNDERTAKEDERIS Stein In	24. Was disease or injury in any way related to occupation of daceasad?
~	(Addrass) Combuland Md	If so, specify
1	20, FILED garley 14, 1936. Dr. J. Franklin	(Signed) M. O.
-	Registrar.	(Address) Cumberland Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
VED	1915	Atlack of epilepsy	1 weck ago
	1921	Run over by street car	1 week ago
1930	July 5,1927	Peritonitis	3 days ago
W. S.			
nce:		Other contributory causes of importance:	
	May 1,1923	Gastroenteritis	1 year
		Character of the contract of t	
	1936 1 V. S. nee:	1921 July 5,1927 V. S	1915 Atlack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:

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- A SEC SECTION OF THE PARTY OF	ample I	1	Example II	
The principal cause of deat of importance were as follo	h and related causes	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	AUG 6 1936	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	AUG	1921	Run over by street car	1 week ago
Cerebral hemorrhage	SURFAU V. S.	July 5,1927	Peritonitis	3 days ago
Other contributory causes	of importance:		Other contributory causes of importance:	7211146
Gallstones		May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICS
--

V. S. No. 1

STATE OF MARYLAND-	-CERTIFICATE OF DEATH 6928
1. PLACE OF DEATH	(126) LIMITS, (143)
County allegaces	TN CORPORATE LIMITS, (43) Registration Dist No. 4
Village or City Central Raced WIT	No. allegauer troop & 4 Ward
	If death occurred in a hospital or institution, give as NAME instead of street and number) osds. How long in V.S. if of foreign birth? yrs mosds.
2. FULL NAME · Pauluis Hill	
4 111	If U. S. Veteran, specify WAR
(a) Residence: No. (Usual place of abode)	Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH July 24 193 (Year)
HUSBAND of (or) WIFE of Joseph Gilfin	22. I HEREBY CERTIFY. That I ettended deceased from 1926 to July 29 1926
6. DATE OF BIRTH (month, day, and year)	I last saw here elive on July 48 1936; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, et
ν ₇ 5 /8 Iday,hrs	ware as follows:
8. Trede, profession, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Cholelithiam. Common dust Oboluga
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business In which work wes done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased lest worked at this occupation (month and	
10. Date deceased lest worked at this occupation (month and yeer) this occupation	
12. BIRTHPLACE (city or town) Creatification (State or country)	Other Contributory Causes of importance:
13, NAME Thu Carroll	
13. NAME 14. BIRTHPLACE (city or town) (State or country) Carroll Carro	Name of operation Chloroge Dete of 7.74-56 What test confirmed diagnosis? Westhere en eutopsy?
15. MAIOEN NAME 16. BIRTHPLACE (city or town)	23. If death wes due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of Injury, 19
17. INFORMANT Joseph Gilpin	Where did injury occur? (Specify city or town, county and State) Specify whether Injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
(Address) 18. BURIAL, CREMATION, OR MEMORAL	Manage of Jajuan
Place Month Blade Majate July 31, 1936	Manner of Injury
19. UNDERTAKER Have Hulestong	24. Was diseese or injury In any wey related to occupation of deceesed?
20. FILED July 30, 1976 Pr. J. P. Frankling. Registration	(Signed) M. D. (Address) from tules of Med.
	t, 2411 N. Charles Street, Baltimore, Requesting U. S. No. z.

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Chronic interstitial neghritis AUG	1921	Run over by street car	1 week ago		
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago		
La representation of the second of the secon					
Other contributory causes of importance:		Other contributory causes of importance:			
Gallstones	May 1,1923	Gastroenteritis	1 year		

V. S. No. 1

TION is very important. See instructions on back of certificate.

	CERTIFICATE OF DEATH	5929
1. PLACE OF DEATH	(131) IMITS	
County Allegany.	HIN CORPORATE LIMITS. Begistration Dist. No. 4	
Village of City	No. 28 Oreland St., 6 death occurred in a hospital or institution, give its NAME instead of street and n	Ward
	death occurred in a hoppital of institution, give its INAIVIE, instead of street and no including in U.S. If of foreign birth?yrsmo	
2. FULL NAME Darah & Dsay	If U. S. Veteran, specify WAR	
(a) Residence: No. 28 Orchard	St., 6 - Ward.	
(Usual place of abode)	If conresident give city or town and	State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (ewrite the word)	21. DATE OF DEATH /2 /5 (Month) (Day)	193 (Year)
5a. If married, widowed, or divorced HUSBAND of		
(or) WIFE of /homes At Gran	22. I HEREBY CERTIFY, That I attended d	21
2 dights	1936, 10 11/2	-
6. DATE OF BIRTH (month, day, end year) March 1840	last saw h_2 alive on 12 19 36	; death is sald
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, atm.	
70 60 4 1 ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Oate of onset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Commence (Carolina da Carolina	7/1/2/
9. Industry or business in which work was done, as SILK MILL,	Charie Merkartie	1622
SAW MILL, BANK, etc.	11 Divilation	623
The state of the s	" Chrs. Ketis.	1933
year) occupation	Other Contributory Canses of Importance:	- Safa-alana
12. BIRTHPLACE (city or town)	Other Conditionary Canada of Importance.	
(State or country)	Clames Proto Loudes -	10 1
13. NAME Teger 14. BIRTHPLACE (city or town)	ins B Daforman	173-3-5
14. BIRTHPLACE (city or town)	Name of operationDete of	
(State or country)	What test confirmed diagnosis? Was there an au	utopsy?
15. MAIOEN NAME Elizina Jacquell 16. BIRTHPLACE (city or town)	23. If death was due to external ceuses (VIOLENCE) fill in also the following:	
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury	
(State or country)	Where did injury occur?	
17. INFORMAN Hazry E. Lucy	(Specify city or town, county and State Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA	CE.
18, BURIAL CHEMATION, OR DEMOVAL		
Piklose / Fill Come Date July 15, 19 36	Manner of injury	
2 4 1	Nature of injury	2
19. UNDERTAKER LOSSELY Alche For	24. Was disease or injury in any wey related to occupetion of deceased?	W
(Addlessing lestand Md.	If so, specify	
20 FILE Duly 14, 1936. Kr. J. V. Trankle	(Signed) Stammell Jarshoan	
Registrar.	(Address) 119 Bylater & St.	

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Example I	1	Example II	
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Chronic interstitual nephritis 6 1936	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BURFAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

See letter	ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

FOR BINDING

MARGIN RESERVED

1.	PLACE O	F DEATH					59)		17.34	Res.
	County	A11	egany	w	ITHIN COR	PORATE	LIMITS.	Registration Dist. I	No	叶 藜
	Village or (erlan			No	Memorial	Hospital	St	
	Length of res	dence in city or to	wn where dea	th occurred				tion, give its NAME instead		
2	FULL NA			. Hami				specify WAR		
-	(a) Reside			der St				akland. Md		
	(a) nesidei	100. 140.	.uu	(Usual place	of abode)			If nonresident give cit	y or town a	
		NAL AND ST	ATISTIC	AL PART	ICULARS			ERTIFICATE OF	DEATH	
3. S	emale	White			RRIED, WIDOWED, ED (write the word) TEQ	21. DATE	July 28	(Month)	Day)	, 193_6 (Year)
5a.	If married, widow HUSBAND of (or) WIFE of		ames	D. Ham	ill	22. 3.		CERTIFY TH	nat I attend	ed deceased from
6 D	ATC OF BIRTU	(month, day, and ye	Ja	miarv	22,1872	I last saw h	ey alive on	77 - 0	19_3	6; death is sai
7. A		1	Months	Days	If LESS than	to have occur	rred on the date state	d above, at 11:50A	Burn Barn	-
	6	34	6	6	1 day,hrs.		PAL CAUSE OF DEAT	H and related causes of in		Date of once
LION	8. Trade, profe kind of SAWYER	ession, or particular work done, as SPI R, BOOKKEEPER, etc	NNER, H	ousewo	rk	20	1 lier	3 0		Λ
PA	work wa	business in which as done, as SILK MI	ILL, S	elf		77	1			la
OCCUPATION	102 Date decear	LL, BANK, etcsed last worked at upation (month and		11. Total	time (years) ent in this upation		eun	we		Rug
			Ohio		,	Other Contri	ibutory Causes of Impo	ortance:		
12.	State or cou		OHLO			1/1	o esta	CRIMA	at.	
2	13. NAME	John Co	rneli	us			1	Loye	your	
FATHER		E (city or town)	Ohi	.0.		Name of ope	ration Choles	Cychoton	Date of	7
2	15. MAIDEN N	D.	becca	Easto	n		nfirmed diagnosis?	ises (VIOL ENCE) fill in als	Was there a	
MOTHER	16. BIRTHPLAC	E (city or town)				Accident, sui	icide, or homicide?	Date of		
	INFORMANT	Memoria			ryland		njury occur?ther Injury occurred in	(Specify city or town, INDUSTRY, in HOME, or	county and S r in PUBLIC	State) PLACE.
18.		TION OF REMOVA	L /	date Jul	4 30, 1936	Manner of In				4
19.	UNDERTAKER A	Emsing	1 30	Celun	nu s	-		ay related to occupation o	f_deceased?	no
20.	FILED July	30 ,1926	Qr.	J. P. 3	Registrar.	If so, specify (Signed	MEX	Wills	ear	0, Sn. M

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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E	xample I	-	Example II		
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Chronic interstitial nephritis	AUG 6 1936	1921	Run over by street car	1 week ago	
Cerebral hemorrhage		July 3, 1927	Peritonitis	3 days ago	
	BUREAU V.				
Other contributory causes	of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF	F DEATH			210-m	
County Village or C	ALLEGANY C		WITHIN CO	REGISTRATION D No. MEMORIAD HOSPITAL death occurred in a hospital or institution, give its NAME	St.6-1 Wa
Length of resi	idence in city or town whe	re deeth occurred	yrsmos	ds. How long in U.S. if of foreign birth?	yrsmosd
2. FULL NA	ME CHARL	ES HATFL	ELD	If U. S. Veteran, specify WAR	
(a) Residen	ce: No. 44		LVANIA AV		
DEDCON	IAL AND CTATIC	(Usual piace		MEDICAL CERTIFICATE	ve city or town and State
3. SEX	AL AND STATIS		RIED, WIDOWED,	21. DATE OF DEATH	OF DEATH
MALE	WHLTE		D (write the word)	JULY 1 (Month)	2 , 193.6 (Year)
5a. If merried, widow HUSBANO of (or) WIFE of	ved, or divorced			22. July HEREBY CERTIFA	That I attended deceased for
6 DATE OF RIRTH	(month, day, end year)	וו עוווו.	1911	Liest saw hat a alive on fully	
7. AGE Yea		Days	If LESS than	to have occurred on the date steted above, 47.200	
25	0	1	1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and releted causes were es follows:	of importence
work wer SAW MIL 10. Date decease this occu yeer)	business in which s done, as SILK MILL, LL, BANK, etced lest worked et petion (month end	occ	TORE	Other Contributary Causes of importance:	•
12. BIRTHPLACE (cit (State or cour	.,,	NSYLVANI.	4		
13. NAME W	TLLIAM E.	HATFLELD			
4 14. BIRTHPLACE	E (city or town)r country)	PENNSYL	VANIA	Name of operation	
15. MAIDEN NA	ME SARAH	LONG		23. If death was due to externel causes (VIQL ENCE) fill	in also the following: / 2
	E (city or town)PE r country)	NNSYLVAN	IA	Accident, suicide, or homicide?	ete of injury 1 4, 19.7
17. INFORMANT (Address)	EMMA K. H	ATFLELD		(Specify city or to Specify whether injury occurred in INOUSTRY, in HOM	E, or in PUBLIC PLACE.
18. BURIAL, CREMAT	FION, OR REMOVAL	Pa. Dete Jul	416 ,1936	Manner of injury ResCounted	cleandr
19. UNDERTAKER (Address)	John H	Daibe		24. Was disease or injury In any way related to occupet	ion of deceased?
20. FILEO July	13 ,1926 \$	u 3. P. >	ranklin	(Signed) (Address)	M.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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AUG 6 1936				
Other contributory causes of importance;		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

+ t + +	STATE OF MARYLAND—	CERTIFICATE OF DEATH
infoi stat UPA	1. PLACE OF DEATH	948 LIMITS
occ	County Allegany.	CORPORATE Registration Dist. No. 4
should of OCC	Village or City Cumferland WI	THIND allegany Hofital St., 4 Ward
= 0	Length of residence in city or town where death occurred 82 yrs	death occurred in a horital or institution, give is NAME instead of street and number) ds. How ong in U.S. if of foreign birth?
rD. Every rSICIANS statement	2. FULL NAME Josephine Helmstell	If U. S. Veteran, specify WAR
SIC ate	(a) Residence: No. 17 Par Par	asie I Ward.
	(Usual place of abode)	If nonresident give city or town and State
Eco Pr ract	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
NT RECO LY. PH I. Exact	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH July 24 193 (Month) (Dey) (Yeer)
IANEN A C T I ssified.	5a. It merried, widower, or divorced HUSBAND of (or) WIFE of Karl Hilmstetter	22. I HEREBY CERTIFY, That I attended deceased from 1936, to fully 24, 19-16
EX cla	6. DATE OF BIRTH (month, day, and year) About 1854	I lest lew h elive on Ley 24 19.56; deeth is seid
2 2 2	7. AGE Yeers Months Deys If LESS than	to heve occurred on the date steted ebove, etm.
IS A P stated properl ertifica	1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and releted causes of Importence were as follows:
70	8 Trade profession or particular	Date of onset
he pe pe of	SAWYER, BODKKEEPER, etc.	Coronary Vecchiain 1
VK.T. should it may n back	9. Industry or business in which work wes done, es SILK MILL, SAW MILL, BANK, etc	
NR Sh it	10. Dete decessed lest worked et this occupetion (month end spent in this	
	yeer) occupetion (month end spent in this	Other Control of Importance
NFADING oplied. AGH erms, so tha instructions	12. BIRTHPLACE (city or town). Annales and	Other Contributory Causes of importence:
AD ed. is, structure	(State or country)	arterio schrosin
	13. NAME Hand Daved 14. BIRTHPLACE (city of own)	
70	14. BIRTHPLACE (city o (Jown)	Neme of operation Dete of
F 5. 5	(State of country)	Whet test confirmed diegnosis? Wes there en autopsy?
W refu in tant	15. MAIDEN NAME Catherine Judy	23. If death wes due to external ceuses (VIOL ENCE) fill in also the following:
ca TH port	16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide? Dete of injury, 19 Where did injury occur?
PLAINTY, WI hould be careful OF DEATH in prery important.	17. INFORMANT With graver: Parel Constitution of the Address of th	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
F3 70	18. BURIAL, CREMATION, OR REMOVAL	Menner of injury
F 77	the little + Pany Compose 7/27, 19 36	Neture of injury
-WRITE mation s CAUSE TION is	19. UNDERTAKER Louis Stem Joseph (Address)	24. Wes disease or injury in any wey related to occupation of deceased?
B	50	(Signed) Politicary M.D.
zi (T	20. FILED Wiley 27 , 19 16 , Registrar.	(Address). Combuland M.J.
-	If move blambe are needed address State Designation	N. Charles Street Belginson Brown St. C. N.

6933

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Cerebral hemorrhage	BUREAU V. S.	July 5,1927	Peritonitis	3 days ago
Sept and Section				
Other contributory cau	ses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

V. S. No. 1

	CERTIFICATE OF DEATH 6934
1. PLACE OF DEATH County ALLEGANY WITHIN COR!	CORATE LIMI (134)
County ALLEGANY WITHIN COR	Registration Dist. No.
Alliage of Orly 190 Million 1917 1917 1917 1917 1917 1917 1917 191	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence In city or town where death occurredyrs,mos	
2. FULL NAME MELCHOIR HETRICK	If U. S. Veteran, specify WAR
(a) Residence: No. BITTINGER Applice of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE NATIE OR DIVORCED (write the word) MARRIED	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced	0 ()
HUSBAND of COT) WIFE OF ELIZABETH SLABAUGH	22. / I HEREBY CERTIFY, Thet lattended deceased from
6. DATE OF BIRTH (month, day, and year) JUNE 2. 1872	I last saw h. L.M. alive on
7. AGE Years Months Days If LESS than	to have occurred on the date stated ebove, at 3; I2-A. M.
64 0 7 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular	A A A A A A A A A A A A A A A A A A A
kind of work done, as SPINNER, FARMER SAWYER, BOOKKEEPER, etc. 9. Industry or businass in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Data daceased last worked at this occupation (month and	Curonic pullanguille
9. Industry or businass in which work was done, as SILK MILL, SAW MILL, BANK, etc.	Denyn highrophy /
10. Data daceased last worked at 11. Total tima (years)	
this occupation (month and spant in this occupation year)	(letter at all fallie
12. BIRTHPLACE (city or town) NARWIAND	Other Contributory Charges of importance Chrosia
(State or country)	Paralysis agillas.
HI 13. NAME CONROD HETRICK	
4 14. BIRTHPLACE (city or town) GERMANY	Neme of operations to the Comment of the Date of 6-30-36
(State or country)	What test confirmed diagnosis? Was thar an autopsy?
15. MAIDEN NAME NANCY APPOLA	23. If death was dua to axternal causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town) GERMANY (State or country)	Accident, suicide, or homicide?
((date of death))	Where did injury occur?(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
17. INFORMANT MEMORIAL HOSPITAL (Address) CUMBERLAND MD.	open, monet many vocation in the service, in theme, of introduction function
18. BURIAL, CREMATION OR REMOVAL	Manner of Injury
Place Tettinger, Me Date 1/12 1936	Nature of injury
19. UNDERTAKER Deurst	24. Was disease or injury in any way related to occupation of deceased?
(Address) / Frankling 74/	If so, specify
20. FILED July 9, 1936 Dr. & P. Frankl	(Signed) M. D. M. D. M. D. M. D.
SON Registrar.	(Address) Cim Dribna
If more blanks are needed, address State Registrar	

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Gallstones	May 1,1923	Gastroenteritis	1 year	

V. S. No. 1

Langth of residence in city or town higher beetly occurred (if death occurred in a hospital or institution, give in NAME instead of street and number) 2. FULL NAME (a) Residence: No. (Usualpiace of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARKITIC, Wildowerd OR DAVIOLOG Device the world) 5a. If married, widowed, or divorced HUSAND of (or) Wilf- of 7. AGE Yeers Months Days If LESS than 1 days 1 a. S. Trade, profession, or particular Sind of work done, as SPINNER, S. HUSES than 1 days 1 a. S. Trade, profession, or particular Sind of work done, as SPINNER, S. HUSES than 1 days 1 a. S. Trade, profession, or particular Sind of work done, as SPINNER, S. HUSES than 1 days 1 a. S. Trade, profession, or particular Sind of work done, as SPINNER, S. HUSES than 1 days 1 days 1 death occurred on the hoteles steaded shafe, at 1 a. Trade, profession, or particular Sind of work done, as SPINNER, S. HUSES than 1 days 1 death occurred on the hoteles deaues of importance were as follows: Other Contributory Cause of importance 12. BIRTHPLACE (city or town) 13. NAME 14. MIRTHPLACE (city or town) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) 16. BIRTHPLACE (city or town) 17. INFORMANT OF TOWN 18. State or country) 18. BURNAL (REMATION), OR REMOVAL Place. 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 19. UNDERTAKER (Address)		CERTIFICATE OF DEATH 6935
Langth of residence in city or town higher beetly occurred (if death occurred in a hospital or institution, give in NAME instead of street and number) 2. FULL NAME (a) Residence: No. (Usualpiace of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARKITIC, Wildowerd OR DAVIOLOG Device the world) 5a. If married, widowed, or divorced HUSAND of (or) Wilf- of 7. AGE Yeers Months Days If LESS than 1 days 1 a. S. Trade, profession, or particular Sind of work done, as SPINNER, S. HUSES than 1 days 1 a. S. Trade, profession, or particular Sind of work done, as SPINNER, S. HUSES than 1 days 1 a. S. Trade, profession, or particular Sind of work done, as SPINNER, S. HUSES than 1 days 1 a. S. Trade, profession, or particular Sind of work done, as SPINNER, S. HUSES than 1 days 1 days 1 death occurred on the hoteles steaded shafe, at 1 a. Trade, profession, or particular Sind of work done, as SPINNER, S. HUSES than 1 days 1 death occurred on the hoteles deaues of importance were as follows: Other Contributory Cause of importance 12. BIRTHPLACE (city or town) 13. NAME 14. MIRTHPLACE (city or town) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) 16. BIRTHPLACE (city or town) 17. INFORMANT OF TOWN 18. State or country) 18. BURNAL (REMATION), OR REMOVAL Place. 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 19. UNDERTAKER (Address)	Village or City	No. Omners of oskulail was
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARKIED, WIDOWED, OR. DAVORCED (write the word) 7. ACE 6. DATE OF BIRTH (month, day, and yeer) 7. AGE 7. AGE 8. Trade, profession, or particular kind of work done, as SPINNER, SAMPLER, BOOKKEEPER, etc. 9. Industry or business in which was one, as SPINNER, SAMPLER, BOOKKEEPER, etc. 9. Industry or business in which was one, as SPINNER, SAMPLER, BOOKKEEPER, etc. 9. Industry or business in which was one, as SPINNER, SAMPLER, BOOKKEEPER, etc. 9. Industry or business in which was one, as SPINNER, SAMPLER, BOOKKEEPER, etc. 9. Industry or business in which was one, as SPINNER, SAMPLER, BOOKKEEPER, etc. 9. Industry or business in which was one, as SPINNER, SAMPLER, BOOKKEEPER, etc. 9. Industry or business in which was one, as SPINNER, SAMPLER, BOOKKEEPER, etc. 9. Industry or business in which was one, as SPINNER, SAMPLER, BOOKKEEPER, etc. 9. Industry or business in which was one, as SPINNER, SAMPLER, BOOKKEEPER, etc. 9. Industry or business in which was one, as SPINNER, SAMPLER, BOOKKEEPER, etc. 9. Industry or business in which was one, as SPINNER, SAMPLER, BOOKKEEPER, etc. 9. Industry or business in which was one, as SPINNER, SAMPLER, BOOKKEEPER, etc. 9. Industry or business in which was one, as SPINNER, SAMPLER, BOOKKEEPER, etc. 9. Industry or business in which was one, as SPINNER, SAMPLER, BOOKKEEPER, etc. 9. Industry or business in which was one, as SPINNER, SAMPLER, BOOKKEEPER, etc. 9. Industry or business in which was one, as SPINNER, SAMPLER, BOOKKEEPER, etc. 9. Industry or business in which was one, as SPINNER, SAMPLER, BOOKKEEPER, etc. 9. Industry or business in which was one, as SPINNER, SAMPLER, BOOKKEEPER, etc. 9. Industry or business in which was one, as SPINNER, SAMPLER, BOOKKEEPER, etc. 9. Industry or business in which was one, as SPINNER, SAMPLER, BOOKKEEPER, etc. 9. Industry or business of importance were es follows. 9. It does not not be a second or importance were es follows. 9. It does not not be a	Length of residence in city or town where deeth occurred yes	If death occurred in a hospital or institution, give its NAME instead of street and number) S. How long in U.S. If of foreign birth? yrs. mos
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3. SEX 4. COLOR OR RACE OR DAVORCED (write the word) 5. If married, widowed, or divorced (cor) wife of (cor)	PERSONAL AND STATISTICAL PARTICULARS	
6. DATE OF BIRTH (month, day, and yeer) 7. AGE Yeers Months Bays If LESS than I day	OR DIVORCED (write the word)	21. DATE OF DEATH 7 - 20 193 6
5. DATE OF BIRTH (month, day, and yeer) 7. AGE Yeers Months Days If LESS than Iday,hrs.	5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	The state of the s
7. AGE Yeers Months Days If LESS than I day	6 DATE OF BIRTH (month day and year) 7- 50- 36	
8. Trade, profession, or particular sind of work done, as SPINNER, SAWTER, BORKEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked et this occupetion (month end occupation) 12. BIRTHPLACE (city or town) (Stete or country) 13. NAME 14. BIRTHPLACE (city or town) (Stete or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (Stete or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Place Date of importance were es follows Date of one of this occupetion (month end occupation) Name of operation Whet test confirmed diagnosis? West there en au'opsy? 23. If deeth wes due to external causes (VIOL ENCE) fill in elso the following: Accident, suicide, or homicide? Date of Injury Where did injury occur? (Specify city or town, country and State) Specify whether Injury occurr? Manner of Injury Nature of Injury 19. UNDERTAKER (Address) If so, specify		, 0000000000000000000000000000000000000
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Other Contributory Causes of importance: 12. BIRTHPLACE (city or town)	Spantin this	Wiff for the second sec
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Whet test confirmed diagnosis? Wes there en au'opsy? 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (Stete or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Place Dete Dete Dete 19. Nature of injury 19. UNDERTAKER (Address) 18. UNDERTAKER (Address) 19. Whet test confirmed diagnosis? Wes there en au'opsy? 20. If deeth wes due to external causes (VIOLENCE) fill in elso the following: Accident, suicide, or homicide? Where did injury occur? Specify whether Injury occurred In INDUSTRY, In HOME, or in PUBLIC PLACE. Manner of Injury Nature of injury 19. UNDERTAKER (Address) If so, specify If so, specify	14 BIRTHPI ACE (sith or town) CAMA AMA Ship	Name of operation
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Where did injury occur? (Specify city or town, county and State) Specify whether Injury occurred In INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) Manner of Injury Nature of injury 19. UNDERTAKER (Address) If so, specify (Specify city or town, county and State) Specify whether Injury occurred In INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) Manner of Injury 24. Was disease or injury in any way related to occupation of deceased? If so, specify	15. MAIDEN NAME TONOG SOUTH OF THE STATE OF	
Place	17. INFORMANT Despel Clarite	(Specify city or fown county and State)
Place	18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
19. UNDERTAKER 24. Was disease or injury in any way related to occupation of deceased? If so, specify	PlaceDete	
20, FILED 7-21 1936 a. R. (1) aller 40, (Signed) Italy M	I9. UNDERTAKER(Address)	24. Was disease or injury in any way related to occupation of deceased?
Registrar. (Address)	20. FILED 7-21, 1936 a. R. Walter Registrar.	,

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.-The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," ctc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk,

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	discussion of the state of the	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arterioselerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis UG 1 1830	1921	Run over by street car	1 week ago	
Cerebral hemorrhage BUREAU V. S. July		Peritonitis	3 days ago	
Other contributory causes of importance: Gallstones May		Other contributory causes of importance:	1 year	

ADDITIONAL SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1

STATE OF MARYLAND	CERTIFICATE OF DEATH 6936
1. PLACE OF DEATH	LIMITS,
County Allegame.	IN CORPORATE LIMITS, Registration Dist. No. 44
Village or City And Horana	No. 575 Sicessity, St., 3 Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	ds. How long in U.S. if of foreign birth yrs. mos. ds.
2. FULL NAME REVING HICKEL	
(a) Residence: No. 525 Presidents (Usual place of about)	St., 3 Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR, RACE S. SINGLE, MARRIED, WIDOWED. OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed or divorced HUSBANO 01 (or) WIFE of Chap / Links	22. HEREBY CERTIFY That attended deceased from
11 0 1005	I last saw h / alive on 2007 6 19 19 19 19 19 19 19 19 19 19 19 19 19
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Oays If LESS than	to have occurred on the date stated above, al
1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8 Trade profession or particular	were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, AMPER, BOOKKEPER, etc.	Subscularin Tying 3
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and	7-1
Date deceased last worked at this occupation (month and year)	
12. BIRTHPLACE (city or town) Raysur	Other Contributory Causes of importance:
(State or country)	Elhamte
13. NAME John It Miller	<i>f</i>
13. NAME AM MANUELLE (city or town)	Name of operation Date of
(State or country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Clara Probuld	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME (Land) 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide?
17. INFORMANT Chasa Smiller (Address) 525 December Sh	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVED Line 7/ 10,136	Manner of injury
19. UNOERTAKER domio Stepie Inc.	24. Was disease or injury in any way related to occupation of deceased?
20. FILED Sul & 1936 Dr. N. P. Franklin	(Signed) M. O.
Registrar.	(Address) Wille Market

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Pate of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis 1936	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
W. K.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

OCCUPA-

Every item of infor-

1. PLACE OF DEATH	(25)
County affectioner)	Registration Dist. No. 6
Village of City President	NoSt., Ward If death occurred in a hospital or institution, give its NAME instead of street and number)
	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME mandaney Ward A	in Itour Roles Veteran, specify WAR
(a) Residence: No. 6 9 M aim (Unal place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write tha word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY. That I attended deceased from
(or) WIFE or andrew of rightower	Dec 1 1,1935, to July 7, 1936
6. DATE OF BIRTH (month, day, and year) 2 am 13,1895	I last saw h ev alive on Stelle 7 , 1935; death is said
7. AGE Yaars Months Days If LESS than I day,hrs.	to have occurred on the date stated above, at
4/ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	ware es follows:
8. Trede, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEPER, etc A ause-work	T. B. Peritonetis Date of one of 1930
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc. 10. Oata deceased last worked et this occuration (month and	
10. Oata deceased last worked et this occupation (month and year)	
12. BIRTHPLACE (city or town) Ballow (State or country)	Other Coutributory Causes of importance: IN testinal Obstruction 7/1/36
13. NAME Cours . W. Meyers	
13. NAME Cours. N. Meyers 14. BIRTHPLACE (city or town) Bustons	Name of operation Tyopkov mfor Dete of 1930
(State of country)	What test confirmed diegnosis? Expler to the Was there an autopsy? N.
15. MAIDEN NAME Evelyn Connor	23. If daath was due to extarnal causes (VIOLENCE) fill In elso the following:
15. MAIDEN NAME Evelyn Connor 16. BIRTHPLACE (city or town) - I no cyning (State or country)	Accidant, suicide, or homicida?
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Madal Land Mary. (Address) Wesley Aby M. M. M.	Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Famel Will Date & July 11, 19.36	Nature of injury
19. UNDERTAKER L. S. Brund	24. Was disease or injury in any way related to occupation of decaased? 728
(Address) Barton Md	If so, specify
10 FUED XIV. 11 10 36 11 STANAMEN BOOM MI	(Signed) (6/Berry M.D.

STATE OF MARYLAND-CERTIFICATE OF DEATH

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

(Address) Piedmont

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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	Example I		Example II	
The principal cause of importance were	of death and related causes as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	RECEIVED	1915	Attack of epilepsy	1 week ago
Chronic interstitial ne	phritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	AUG 5 1936	July 5,1927	Perilonitis	3 days ago
	BUREAU V. S.			
Other contributory	causes of importance:		Other contributory causes of importance:	
Gallstones .		May 1,1923	Gastroenteritis	1 year

TOURTY No. 1. PLACE OF DEAT County Village or City Village or City Length of residence in cit 2. FULL NAME (a) Residence: No. PERSONAL AN Sex 4. COLOI Sex 5a. If married, widowed, or divor Husband of Certificate (a) Residence: No. PERSONAL AN Sex 4. COLOI Sex Sex 4. COLOI Sex Sex 4. COLOI Sex Sex Sex Sex Sex Sex Sex Se	424	S
ARRITE PLAINLY, WITH UNFADING Indian should be carefully supplied. AGE Should be carefully supplied. AGE Should be carefully supplied. AGE Should be stated EXACTLY. PHYSICIANS should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should be stated EXACTLY. PHY	info sta UP	1. PLACE OF DEAT
TARGIN RESERVED FOR BINDING "WITH UNFADING INK—THIS IS A PERMANENT RECORD. Evantation should be carefully supplied. ACE Should be carefully s	of of CC	County
TARGIN RESERVED FOR BINDING "WITH UNFADING INK—THIS IS A PERMANENT RECORD. Evantation should be carefully supplied. ACE Should be carefully s	shor of O	Village or City
TARGIN RESERVED FOR BINDING "WITH UNFADING INK—THIS IS A PERMANENT RECORD. Evantation should be carefully supplied. ACE Should be carefully s	NS ut	Length of residence In cit
TARGIN RESERVED FOR BINDING "WITH UNFADING INK—THIS IS A PERMANENT RECOIDED should be carefully supplied. AGE should be carefully supplied. AGE should be stated EXACT LY. "Sex 18 Manual Second Sec	Eve	2. FULL NAME
TARGIN RESERVED FOR BINDING TARGIN RESERVED FOR BINDING TARGIN RESERVED FOR BINDING TARGE AUST TO MAILTE PLAINLY, WITH UNFADING TO MAILTE PLAINLY, WITH UNDING TO MAILTE PLAINLY, WITH UNDING TO MAILTE PLAINLY TO MOTHER	RD. YSIC state	(a) Residence: No
TARGIN RESERVED FOR BINDING TARGIN STATE OF DEATH (month, day TO COLOMBIA TO COLOMBICA TO CO	et PH CO	PERSONAL ANI
TARGIN RESERVED FOR Harting by the property of	RE Exa	3. SEX 4. COLOR
TARGIN RESERVED FOR Harting by the property of	EX .	male 1
TARGIN RESERVED FOR Harting by the property of	DING ANER Ssifted	5a. If married, widowed, or divor HUSBANO of (or) WIFE of
TARGIN RESERVED FOR Harting by the property of	cla .	
TARGIN RESIGN OF DEATH IN WORK WES GIVEN THE PLAINLY, WITH UNFADING IN MAKE IT	_ A _ E	
TARGIN RESIGN OF DEATH IN WORK WES GIVEN THE PLAINLY, WITH UNFADING IN MAKE IT	A A open	
TARGIN RESERVED THERE PLAINLY, WITH UNFADING INSTANCES IN BOOKKELD THERE PLAINLY, WITH UNFADING INKEDING INK—THIS SHOULD be carefully supplied. AGE should be carefully suppli		_ Trada, profession, or pa
TARGIN RESERVA "WRITTE PLAINLY, WITH UNFADING In nation should be carefully supplied." "AUSE OF DEATH in plain terms, so that it may live a condition should be carefully supplied. AGE should be carefully supp	ETIS be of of	kind of work dona, a SAWYER, BOOKKEE
TARGIN RESERVANCE (City or town) 10. Data daceased last worthis occupation (mony year) 11. INFORMAN 12. BIRTHPLACE (city or town) 13. NAME 14. BIRTHPLACE (city or town) 15. MOTHER 16. BIRTHPLACE (city or town) 17. INFORMAN 18. BURIAL (State or country) 19. UNDERTAKER 19. UNDERTAKER 19. UNDERTAKER	Lay lay	work wes dona, as S
TARGIN RE CAUST DEATH TO THE PLAINLY, WITH UNFADING I nation should be carefully supplied AGE (CAUSE OF DEATH in plain terms, so that I world be carefully supplied and in terms, so that I world be carefully supplied and in the plain terms, so that I world be carefully supplied and in the plain terms, so that I world be carefully supplied and in the plain terms, so that I world be carefully and	ER TK- Shou shou t m	SAW MILL, BANK, e
TARGIN	this occupation (mon	
TAUSE OF DEATH. THE PLAINLY, WITH Unation should be carefully supported by the property of the		PIPTIPI 1 CP (-1)
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TAUSE OF DEATH. THE PLAINLY, WITH Unation should be carefully supported by the property of the	NF. NF. nst. nst.	II 13. NAME
WRITE PLAINLY, WITH nation should be carefully important. S. 12. WHOM ITE PLAINLY, WITH 12. WOTHER 12. WOTHER 12. WOTHER 13. WOTHER 14. WOTHER 15. WHOM ITEM 16. WOTHER 16. WOTHER 16. WHO ITEM 16. WOTHER 16. WHO ITEM 16. WHO IT	4 0 4 4	14. BIRTHPLACE (city or to
15. MAIDEN NAME AND THE PLAINLY, WAS TH	y y air	(State of country)
TI A CONTROLL 19. UNDERTAKER 11.	7 3 4	15. MAIOEN NAME
TI A CONTROLL 19. UNDERTAKER 11.	Y, arc H i	f from 1
TI A CONTROLL 19. UNDERTAKER 11.	NE Se C	∑ (State or country)
TI A CONTROLL 19. UNDERTAKER 11.	LAID uld b f DE ery ir	
TI A CONTROLL 19. UNDERTAKER 11.	Sho Sho	18. BURIAL, CREMATION, OR RE
19. UNOERTAKER (Address) 20. FILEO July 7, 1	RIT.	Plasture
20. FILEO July 7 1	mati CAI	
	N. S.	20. FILEO July 7 ,1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 6938			
1. PLACE OF DEATH	intlia.			
County Allegany	Registration Dist. No. 4			
Village or City Cumbel Land WITH No. Marcal Hoof St. 6-1 Ward (If death occurred in a horpital or institution, give its NAME instead of street and number)				
Length of residence in city or town where death occurred				
2. FULL NAME Charles Hook	If U. S. Veteran, specify WAR			
(a) Residence: No. Cressor (Usual place of abolity)	St., Ward. If nonresident give city or town and State			
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH			
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Mohth) (Day) (Year)			
5a. If married, widowed, or divorced HUSBANO of (or) WIFE of Esther Krise Hoover	22. I HEREBY CERTIFY, That I attended deceased from 19. 30, 19. 30, to			
6. DATE OF BIRTH (month, day, and year)	Hast saw h paralive on fully 3 1836; death is said			
7. AGE Years Months Days If LESS than	to have occurred on the date stated ebove, at 4:40 Pm.			
54 3 2, 1day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:			
Trada, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.	Continue of heary 130			
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc 10. Data daceased last workad at this pregnation (month and	14-3-6			
10. Data daceased last worked at this occupation (month and year) occupation				
12. BIRTHPLACE (city or town) (State or country)	Other Contributory Causes of Importance:			
13. NAME South Hard (city or town)				
2 14. BIRTHP(ACE (city or town)	Name of operation Date of			
(State of country)	What tast confirmed diagnosis? Was there an autopsy?			
I 15. MAIOEN NAME Cathering French	23. If death was due to external causes (VIOLENCE) fill In also the following:			
15. MAIDEN NAME Ceffice French	Accident, suicide, or homicide? Land Date of injury 19.			
17. INFORMANT Jaurel Moloray	(Specify city of town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.			
18. BURIAL, CREMATION, OR REMOVAL PICALLER LEGISLATION OR REMOVAL Oata Legist 8, 1936	Manner of Injury Da drawing Supt Malan Sup Nature of injury Date of the Superior Sup			
19. UNOERTAKER W. J. Gillous (Address) Quantillo Sa	24. Was disease or Injury In any way related to occupation of deceased?			
20. FILEO July 7 , 1936 On Jun P. Frahling Registrar.	(Signed) M. D.			
76 man Harlaman J. J. J. C. P. C.				

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1		Example II	
The principal cause of death and related causes of importance were as follows.		The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis RECEIVED	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage AUG 6 1936	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
)	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHISICIAN				
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CDACE BOD BUDGHED CHAMENES BY DUVCICIA

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	Outside of ®
County Allegany	Registration Dist. No.
Village or City Townsels while (IF	death occurred in a horpital or institution, give its NAME instead of street and number)
Langth of residence in city or town where death occurredyrsmov	
2. FULL NAME Collect Hossels	Loclo If U. S. Veteran, specify WAR.
(a) Residence: No. (Usual place of abode)	St., Ward. Stringtown for /
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write (he word)) 5a. If merried, widowed, or divorced HUSBAND of (or) WIFE of	21. DATE OF DEATH (Month) (Day) (Yeer) 22. I HEREBY CERTIFY, That I attanded deceased from
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If ZESS than 1 day,	I last saw h alive on , 19 , to , 19 , ; death is said to have occurred on the data stated above, at 11 , m.
36 4 ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profassion, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Dim short wound. 7/5
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and	(Homes 10)
10. Date deceased last worked at this occupation (month and year) spent in this occupation	The state of the s
12. BIRTHPLACE (city or town) Hellerstung fat.	Other Contributory Causes of importance:
13. NAME Franks & Itorselrode.	
13. NAME fanks formulas formul	Neme of oparation Data of Was there an autopsy?
E 15. MAIDEN NAME (Clesy) Smith	23. If death was due to external causes (VIOL ENCE) fill in also the following:
15. MAIDEN NAME Clim Smith 16. BIRTHPLACE (city or town) (Stete or country)	Accident, suicide, or homicide?
17. INFORMANT Frank J. Horselwoode.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE,
18 BURIAL, CREMATION, OR REMOVAL PO. 7/8 , 1936	Manner of injury Samshort would
19. UNDERTAKER Lorsio Stein Jack (Address) Combaland	24. Was disaase or injury in any way related to occupation of deceased?
20. FILED July 7, 1926 Qu. J. P. Frankling. Registrar.	(Signed) Lo James Corones M.D. (Address)
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis _ FIVE	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
AUG 6 1936			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ARGIN RESERVED FOR BINDING

V. S. No. 1

V

STATE OF MARYLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	CORPORATE LIMITS. Registration Dist. No. 4
County allegany MITHIN	Registration Dist. No.
Village or City Ostinia Constant	No. Memorial Dosattal M., 6-1 Ward death occurred in a hospital or institution, give its NANE instead of sifeet and number)
	ds. How tong in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Cichard Hoverme	If U. S. Veteran, specify WAR Spanish America
(a) Residence; No. 401 and (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Male White Married Married	21. DATE OF DEATH (Month) (Oay) (Yeer)
5a. If married, wildowed, or divorced HUSBANO of (or) WIFE of Etta Close Angerwill	22. HEREBY CERTIFY That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Selst 13, 1881	I last sew h alive on
7. AGE Years Months Days If LESS than	to have occurred on the dete stated above, at 3 P.m.
54 10 15 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
. 1 8. The profession, or particular	Pate of onset,
Rind of work done, as SPINNER, Conductor 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Oate deceased tast worked at 11. Total time (years)	Tobar Premiona July 17,0
9. Industry or business in which work was done, as SILK MILL, Calroad SAW MILL, BANK, etc	
10. Oate deceased tast worked at this occupation (month and spent in this	
year) aug 1927 occupation 24	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) Cherry Kun	Only Castle of Importance.
(State or country)	
13. NAME Willard Hoverwill 14. BIRTHPLACE (city or town) Cherry Line (State or country)	A 1 pos
14. BIRTHPLACE (city or town) Character (State or country)	Neme of operation Oete of Oete of
	What test confirmed diagnosis? Was there en autopsy? Was there en autopsy?
E 00 /	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) Clean	Accident, suicide, or homicide?
71	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE,
17. INFORMANT CANAL CONTROL OF CO	Specify whether injury occurred in Problem PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Hill Crest Cam . Oate July 31, 1936	Nature of injury
19. UNOERTAKER Jacob Holer Md.	24. Was disease or injury in any way related to occupation of deceased?
20. FILED Puly 31, 1936. Dr. J. P. Frankling. Registrar.	(Signed) Why Hodge M. D. (Address) While Land, Will.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

6040

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

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Example I		Example II		
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage AIIG 6 1936	July 5, 1927	Peritonitis	3 days ago	
BUREAU V. S.	A de capa			
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

STATE OF MARYLAND—CERTIFICATE OF DEATH				
1. PLACE OF DEATH				
County Cap111	Registration Dist_No.			
Village or City Tronding	No Messoorplast, Ward			
(If Length of residence in city or town where death) occurred A	death occurred in a hospital or astitution, give its NAME instead of street and number)			
T. W. S. De 11	Les Samo			
2. FULL NAME DVVV JESTON				
(a) Residence; No(Usual place of abode)	St., Ward. If nonresident give city or town and State			
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH			
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH > 28 1936			
5e. If married, widowad, or divorced	(Month) (Day) (Year)			
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I ettended decaased from			
6. DATE OF BIRTH (month, day, and year) AUU 28- 1936	19, 10			
7. AGE Yaers Months Days If LESS than	to have occurred on the date states allowe fat			
1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and falated causas of importance were es follows:			
8. Trada, profassion, or particular kind of work dona, as SPINNER,	4/			
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, atc. 9. Industry or businass in which work was dona, as SILK MILL, SAW MILL, BANK, etc. 10. Oata decaasad last workad at this occupation (month end				
work was dona, as SILK MILL, SAW MILL, BANK, etc				
11. Total time (years)				
year) occupation	Other Contributory Causes of Importenca:			
12. BIRTHPLACE (city or town) JUNES VINO -				
(State or country)				
13. NAME (CANCEL) CAAGAMA (State or country)				
14. BIRTHPLACE (city or town)	Name of operation Oate of			
- Use way	What test confirmed diegnosis? Wes there en autopsy?			
E Plan I I was	23. If death was due to external causes (VIOLENCE) fill in elso the following:			
State or country)	Accident, suicide, or homicide?			
17. INFORMANT Cacyles Jenhane.	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.			
(Address) OMOWAY, OMMAG				
Place Data 19	Menner of injury			
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Neture of injury			
19. UNOERTAKER (Addrass)	24. Was disaase or injury in any way ralated to occupation of deceased?			
20. FILED 8-1, 19 36 a.R. Walker W. KO	(Signed) A fill on M. P.			
Registrar.	(Address) (Address) (Address)			

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V.	11		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

1. PLACE OF DEATH

County

ALLEGANY

valle am

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

(Address)

Registrar.

STATE OF MARYLAND—CERTIFICATE OF DEATH

Registration Dist. No.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example 1		Example II	
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Arteriosclerosis AUG 6 1936	1915	Attack of epilepsy	1 week ago
Chronic interstitial pephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage BUREAU V. S.	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		Carried Control of the Control of th	

STATE OF MARYLAND—	CERTIFICATE OF DEATH 6942
1. PLACE OF DEATH	
County allegany	210°m)
5 All All	Registration Dist. No.
Village or City Transcrate Md.	death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos	
2. FULL NAME Olice & Tainh	
(a) Residence: No. 132 Poly (Usual place of abode)	St., Ward. Cumbelland and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
58. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of Corporate B. Kamble	22. PM 1 HEREBY CERTIFY, That J attended deceased from 7-3-36, 19, to 4 2 7-3, 19 34
6. DATE OF BIRTH (month, day, and year) Querrex 3-1905	I last saw h 21 alive on 7 - 3 - 3 @ 19 death Is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 2 3 M. Pw.
3/ //hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8 Trade profession or particular	Herseture Shull 7-3-3
kind of work dona, as SPINNER, SAWYER, BODKKEEPER, atc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc. 10. Data deceased last worked at this constraint (greath and	
10. Data deceased last worked at this occupation (month and year) this occupation	
12. BIRTHPLACE (city or town) England	Other Contributory Causes of Importance:
(State or country)	
13. NAME albert stoneforth	
13. NAME alvert staniforth 14. BIRTHPLACE (city or town) England	Name of operation Date of
(State or country)	What test confirmed diagnosis? Was there an autopsy?n_o
15. MAIDEN NAME ale Welliams	23. If death was due to external causes (VIOLENCE) fill in elso tha following:
15. MAIDEN NAME Alice Williams 16. BIRTHPLACE (city or town) Crylond	Accident, suicida, or homicide? - Olfrede le Date of injury - 7-7, 19-14
(State or country)	Whera did Injury occur? Alexandr (Specify city or town, county and State)
17. INFORMANT Mas Albert Stamporth	Specify whether injury occurred in INDUSTRY, In HOME or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR MEMORY and Med	Manner of injury Mutantity
Place Itellers an. Date July 6, 1936	Nature of Injury visitance to tend the well
19. UNDERTAKER Juis Stois, lle (Address) Cumberland	24. Was disease or injury in any way related to occupation of daceased?
20. FILED July 4, 1936 a. R. Walkor n. J	(Signed) W, alfred Va Damen M. D.
Registrar.	(Address) The willing one
15 more planks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.
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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II			
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset		
Arteriosclerosis	1915	Attack of epilepsy	1 week ago		
Chronic interstitial nephritis	1921	Run over by street car	1 week ago		
Cerebral hemorrhage AUG 1 1936	July 5,1927	Peritonitis	3 days ago		
BUREAU V. S.					
Other contributory causes of importance:		Other contributory causes of importance:			
Gallstones	May 1,1923	Gastroenteritis	1 year		

STATE OF MARYLAND—	CERTIFICATE OF DEATH	6943
1. PLACE OF DEATH	53-B	
County Talleanny	TIN CORPORATE LIMITS.	4
Village or City Chamberland WITH	No Fremmand fort total	-1 Ward
(If	death occurred in a hospital or institution, give its NAME instead of street and no	umber)
Length of residence in city of town whare daatb occurredyrsyrsyrs	/_5_ds. How long in U.S. If of foreign birth?yrsmore	sds.
2. FULL NAME WAS ASSISTED.	If U. S. Veteran, specify WAR	TAR TAR
(a) Residence: No. (Usual place of abode)	St., Ward. At Mon St. If nonresident give city or town and S	State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	Mate
3. SEX 4. COLOR OF, RACE 5. SINGLE, MARRIED, WIDOWED.	21. DATE OF DEATH	
though What OR DIVORCED (write the word)	(Month) (Oay)	193 6
5a. If marriad, widowed, or divorced HUSBANO of		(Year)
(or) WIFE of James & Kamane M	22. THEREBY CERTIFY That I attended d	eceased from
1 11 12 12	I last sawh & Walive on 2 - 2 / 1926	,, 19.2.6
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Oays If LESS than	to have occurred on tha date stated above, at 5 2 8.	Pdeath is said
7 / 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance	
8 Trade profession or particular	wera as follows:	Oate of enset
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, atc.		1
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	Jaromana	n
	A	700
10. Data daceasad last worked at this occupation (month and years)) leaded	26
12. BIRTHPLACE (city or town)	Other Contributory Causes of importance:	3
(Stata or country)	×	4
13. NAME Irihh / Ema	<i>A</i> - ''	
13. NAME Fresh Manager 14. BIRTHPLACE (city or town)	Name of operation Date of Date	
(State or country)	What test confirmed diagnosis? Was there an au	utopsy?
15. MAIOEN NAME Invala White	23. If death was due to external causes (VIOL ENCE) fill in also the following:	
16. BIRTHPLACE (city or town)	Accident, suicida, or homicide? Date of injury	,19
(Stata or country)	Where did injury occur? (Specify city or town, county and State	
17. INFORMANT Memorial Amfattal	Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLA	CE.
18. BURIAL, CREMATION, OB REMOVAL	Manner of injury	
Place Calebrard Ind Date 7 / 74, 1936	Nature of injury	
19. UNDERTAKER Imperor Bolder	24. Was disease or injury in any way related to occupation of deceased?	Da
(Address) Constitution	If so, specify A T A	
20. FILEO Saly 22, 1936 Dr. J. P. Frankly	(Signed)	a.M
Registrar.	(Address) / Mullipland	, ALD
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. z.	,

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage AUC A 1935	July 5,1927	Peritonitis	3 days ago	
BUREAU V. S				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

Exact statement WITH UNFADING INK-THIS IS A PERMANENT RECORD. stated EXACTLY. properly classified. FOR BINDING certificate. IARGIN RESERVED AGE should be CAUSE OF DEATH in plain terms, so that it may be See instructions on back of mation should be carefully supplied.

TION is very important. N. B.—WRITE PLAINLY

I FEACE OF BEATH			
County affe	games 1	Registration Dist. No.	a
Village or City	He ma	No Mening Hookite	C.St., Ward
Village of Oily	(II	death occurred in a hospital or institution, give its NAME instead o	street and number)
Length of residence In city or town where	deeth occurredmos	ds. How long in U.S. if of foreign birth?yrs.	ds.
2. FULL NAME (Soa	a T. Alasu	e e	
(a) Residence; No.	-dew miner	Wso Ward.	
000	(Usual place of abode)	If nonresident give city of	or town and State
PERSONAL AND STATIST	ICAL PARTICULARS	MEDICAL CERTIFICATE OF D	EATH
3. SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) 193 6
5a. If married, widowed, or divorced	- /	(33)	(1001)
HUSBAND of (or) WIFE of	ey Hager	22. HEREBY CERTIFY That	I ettended deceased from
6. DATE OF BIRTH (month, day, and year)	may 13-1887	last saw h Hive on July 15	19.2 G death is said
7. AGE Years Months	Days If LESS than	to have occurred on the date stated above, at 6 Pm.	
49 1	5 9 I day,hrs,	The PRINCIPAL CAUSE OF DEATH and related causes of impo	rtance
	ormin.	were as follows:	Dats ot onset
8 Trade, profession, or perticular kind of work done, as SPINNER,	PPBU	() ()	
SAWYER, BODKKEEPER, etc.	outour.	Influence of	01
kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc		////	
SAW MILL, BANK, etc	11 7.4.4.	///	
- I this seem perion (months and	11. Total time (years) spant in this		
yeer)	octupation	Other Contributory Causes of Importance:	
12. BIRTHPLACE (city or town)	Llown		
(State or country)	ma	Chalecus I.	
13. NAME	Teams.		
13. NAME A and 14. BIRTHPLACE (city or town)	a easure		
	A comment	Name of operation	_ Date of
(State or country)	a da	What test confirmed diagnosis? Wa	is thera an autopsy?
II 15. MAIDEN NAME	4. Piper	23. If death wes due to external causes (VIOL ENCE) fill in also t	he following:
15. MAIDEN NAME 16. BIRTHPLACE (city or town)		Accident, suicide, or homicide? Date of Inj	jury19
(State or country)	ma.	Where did injury occur?	
1 :0	P	(Specify city or town, cou	inty and State)
17. INFORMANT (Address)	2 clasure	Specify whether Injury occurred in INDUSTRY, In HOME, or in	PUBLIC PLACE.
18. BURIAL, CREMATION OF REMOVAL	- Maria	Manage of Injury	
Place Oldtown ma	Date Luly 7 19 3 6	Manner of injury	
(10)	1/1/		
19. UNDERTAKER	MAST	24. Was diseese or injury In any way related to occupation of de	ceased?
(Address)	ostburg ma	If so, specify	D
20. FILED 7 - 6 1936 Q.	R. Walker - m, W.	(Signed)	M. O
20, 1120-4	Registrar.	(Address)	mis/lin

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Chronic interstitial nephratis (116-1 135)	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:	May 1,1923	Other contributory causes of importance: Gastroenteritis	
- Camotones	May 1,1925	ousine menus	1 year

	infor-	state	UPA-
	Jo m	hould	000
	ite	un	of
	. B.—WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-
	RECO	. PHY	Exact :
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ARGIN RESERVED FOR BINDING	ANE	ACT	ssified
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9	PB	<u>—</u>	rly
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Ž		(

N. B.—WRITE PLAINLY,

V. S. No. 1

	-CERTIFICATE OF DEATH 6945
1. PLACE OF DEATH	46-8
County Allany with compo	Registration Dist. No. 0
Village or City Apracmus	No. St., Ward
	If death occurred in a hospital or institution, give its NAME instead of street and number) sds. How long In U.S. If of foreign birth?yrsmosds.
2. FULL NAME Annie Walker Ma	Atthews If U. S. Veteran, specify WAR
	and Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL FARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH 7 4 193 6 (Month) (Day) (Year)
HUSBAND OT GOOD WHEE OF GLENGE MATTER AND ST	22. I HEREBY CERTIFY. That I attended deceased from
2 1852	I last saw hat alive on July 4 1936; death is said
DATE OF BIRTH (month, day, and war) AGE Years Months Days If LESS than	to have occurred on the date stated above, at 6 20 P.m.
02 1/ 20 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and releted causes of importance
8. Trade, profession, or particular	were as follows: Date clonset
Nind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Jastonie Hemowhy _ 7/4/36
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	
	<u>V</u>
year)	Other Coutributory Causes of Importance:
2. BIRTHPLACE (city or town) CVULUMU (State or country)	Cauce 1 gall blasher glives 6 mo
13. NAME alexander Stalker	Cattle 7 July Gastar, 4 x 1125
14. BIRTHPLACE (city or town)	Name of operation. Libra Date of
14. BIRTHPLACE (city or town) Scotland	What test confirmed diagnosis?
15. MAIDEN NAME Jean Caldwell Walker	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
(State or country)	Where did injury occur? (Specify city or town, county and State)
7. INFORMANT Mr. Joseph Matthewa (Address) Engineering ma	Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION OR REMOVAL 6	Manner of injury
Place Oak Jall Centerpate July 7, 1936	Nature of injury
9. UNDERTAKER II Osphinom	24. Was disease or injury in any wey related to occupation of deceased?
(Address) Yonacomog Ma	If so, specify
20. FILED July 7 136 2 Don 1 plant,	(Signed) M. D
Registrar.	(Address) Your Build

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Chronic interstitial naphritis ALLY 6	1921	Run over by street car	1 week ago
Cerebral hemorrhage BUREAU V.S.	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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Chronic interstitiat neghribis	1921	Run over by street car	1 week ago
Cerebral hemorringe AUG 6 1936	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1

1. PLACE OF DEATH County Village or City Village or City Length of residence in city or 15th where death occurred yrs mos ds How long in U.S. If of foreign birth? yrs mos.
Village Dr City Currol WITH No 208 Registration Dist. No. Village Dr City St., 5 (If death occurred in a hospital or institution, give its NAME instead of street and number)
(If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in sity or form where death occurredyrsmosds. How long In U.S. If of foreign birth?yrsmos
2. FULL NAME NAME NAME / COAR
(a) Residence: No. 208. Cash St., 5 Ward.
(Usual place of abode) If nonresident give city or lown and State
PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OF RACE 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH
male white OR DIVORCED (write the word)
So If married widowed or disposed (Vest) (Vest)
HUSBAND of Cor) WIFE of CERTIFY. That I attended deceesed
10 190 to -20 190
6. DATE OF BIRTH (month, dey, end yeer) 44 2 8 2 lest saw h. What elive on 19 2 ; death I to have occurred on the deta steted ebove, et 3 2 m.
7 2 10 3 7 I day,hrs. The PRINCIPAL CAUSE OF DEATH end related causes of importance
1 8 Trade profession or perticular Date of
kind of work done, es SPINNER Jolilian SAWYER, BODKKEEPER, etc.
kind of work dona, es SPINNER Volution SAWYER, BODKKEEPER, etc. J. Industry or business in which work wes done, as SILK MILL, Allegang County SAW MILL, BANK, etc. D. Date decessed last worked at the same county of the sa
SAW MILL, BANK, etc
this occupation (month end / 4.3.2 spent in this occupation occupation
12. BIRTHPLACE (city or town) Omnofessor Dther Contributory Causes of Importence:
(State or country)
13. NAME Patrick more
14. BIRTHPLACE (city of town) Date of Name of operation Name of operation.
What test confirmed diegnosis Was 192 (Astal West there an autopay)
15. MAIDEN NAME Suage: 123. If deeth wes due to external ceuses (VIOLENCE) fill in elso the following:
o 16. BIRTHPLACE (city or town) / Nt Savage Accident, suicida, or homicide? Dete of Injury
(State or country) Whare did injury occur? (Specify city or town, county and State)
17. INFDRMANT JULY Specify whather Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) 208. Park St. Ct.
18, BURIAL CREMATION, OR REMOVAL Party 33 31 Manner of injury
Place Place Dete Dete Nature of injury Nature of injury
19. UNDERTAKER 2. 24. Was disease of injury in eny wey related to optupation of deceased? (Address) Universal Address of injury in eny wey related to optupation of deceased?
20. FILESPILLY 22,1936. Dr. J. P. Franklin (Signed)
Registrar. (Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deccased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example I		Example II		
of importance were as follows:		Date of onset	The principal cause of death and related causes of importance were as follows:	S Date of onset	
Arteriosclerosis		1915	Attack of epilepsy	1 week ago	
Chronic interstitial nep		1921	Run over by street car	1 week ago	
Cerebral hemorrhage	AUG. 0 1850	July 5,1927	Peritonitis	3 days ago	
	HUNDAU V. S.				
Other contributory c	eauses of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH	6948
1. PLACE OF DEATH	12-13	0348
County allegany	CORPORATE LIMITS Registration Dist. No. 4	
Village or City where and WITHING	No. 7 4 2 Gentart Drivest, 1. death occurred in a hospital or institution, give its NAME instead of street and no	Ward
Length of residanca in city or lown whara death occurred & yrsmos.	ds. How long in U. S. of of foreign birth?	sds.
2. FULL NAME Ora Adell Mus	the If U. S. Veteran, specify WAR	
(a) Residence: No. 742 Sepharh Quil	St., Ward.	
(Usual place of abode)	If nonresident give city or town and S	State
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE MARRIED WIDOWED	MEDICAL CERTIFICATE OF DEATH	
Female White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day)	193(Yeer)
5a. If marriad, widowed, or divorcad HUSBAND of	22. A HEREBY CERTIFY That I attended d	
(or) WIFE of george J. Mutch	22. THEREBY CERTIFY. Thet I attended d	aceased from
6. DATE OF BIRTH (month, day, and year) Capril 9. 1879	Plast saw her alive on And Sel - 57 1936.	death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 110 5m.	,
57 2 26 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and ralated causes of Importanca ware as follows:	
8 Trade profession or particular	Cerebraf Embalesm	7/4/BC
kind of work done, as SPINNER, House work) SAWYER, BOOKKEEPER, atc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc. 10. Date decaased lest worked at this occupation (months and		
To: Date decaased lest worked at this occupation (month and year) occupation		
12. BIRTHPLACE (city or town) Waytown, Pa. (Stata or country)	Other Contributory Causes of importance Culosardetis	1930
E Sur L	Name of according	
14, BIRTHPLACE (city or town) (State or country)	Neme of operation Dete of What test confirmed diagnosis? Was there en eu	Ma
15. MAIDEN NAME Barnes.	23. If death was due to external ceuses (VIOL ENCE) fill in elso the following:	V/a
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country)	Accidant, suicida, or homicide? Date of Injury Where did injury occur?	, 19
17. INFORMANT George 9 Mitch (Address) 7747 April 7 Mitch	(Specify city or town, county and State) Spacify whethar injury occurred in tNDUSTRY, in HOME, or in PUBLIC PLACE	CE.
18. BURIAL, CREMATION, OR REMOVAL Place fariella Com Mariella. Date July 8 1936	Mannar of injury	
O > 1 1	reaction injury	1
19. UNDERTAKER Jacob Hafer (Addrass) Cumberland, Med	24. Was disaasa or injury in any way related to occupation of deceased?	20
20. FILED July 6, 1936. Dr. J. P. Frankli Registrar.	(Signed) T. W. Clear Oct (Address) 213 Va. act Cemberlas	M. D.
If more blanks are needed, address State Registrar	2417 N. Charles Street Relainage Property 53 S. No.	7-

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II		
The principal cause of death and related causes of importance were as follows: Arterioselerosis	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arterioselerosis	1915	Attack of epilepsy	1 week ago	
Combal honoral and AUG 6 1936	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
BUREAU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
Seattle Control of the Control				

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLA	CE OF DE	ATH	יו אואו	ILAND	CENTIFICATE OF BEATH		
Cour	ity A	LEGAN			PORATE LIMITS. (159) Registration Dist. No. 4		
	^	UMBERL		NITHIN COP	No. MUECANY HOSP SE, 4 Ward death occurred in a hospital or institution, give its NAME instead of street and number)		
Lengt	th of rasidance in	city or town where	death occurred		ds. How long in U.S. If of foreign birth?yrsmosds		
2. FUL	L NAME	BABY	Boy	NORRIS	If U. S. Veteran, specify WAR		
(a) l	Residence: No.				St., Ward.		
PE	RSONAL A	ND STATIST	(Usual place		If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH		
3. SEX	-	OR OR RACE		RRIED, WIDOWED,	21. DATE OF DEATH		
Mai	e 4	his		D (write tha word)	1 - 14 193 36		
5a. If marria	d, widowed, or di	vorced		LE	(Month) (Day) (Year)		
HUSBA (or) WI					22. I HEREBY CERTIFY That I attended deceased from		
			1 13	21	July 12 ,19 6, to July 14 ,19 88		
7. AGE	BIRTH (month, d	Months	Days	If LESS than	to have occurred on the date stated above, at 2.15 A.m.		
				1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:		
8. Trad	e, profassion, or and of work done	perticular e, as SPINNER,	20.000		Tremalures		
12 3	SAWYER, BOOKKI stry or business	EFFER, etc	Nonco		Tasor		
100	work was done, as SAW MILL, BANK	SILK MILL, , etc					
1 - 1	daceesed last w	onth and	11. Total	time (yaars) ent in this			
)	/ear)	Δ	000	upation	Other Contributory Causes of importance:		
	ACE (city or town		ERLANG	2			
		MA		Nagaia			
13. NAM	00112	1	RALO	VORRIS			
Y 14. BIRT	HPLACE (city or State or country)		Maerla!	WV.	Name of operation Date of		
	DEN NAME	MADELINE	(1)	Agricalena	What test confirmed diagnosis? Was there en autopsy? Was there en autopsy?		
E		Sean	T BURG	DAIR III SOIL	23. If death was due to axternal causes (VIOLENCE) fill in also the following: Accidant, suicide, or homicide?		
E 16. BIRI	HPLACE (city or State or country)	- A	0,		Where did Injury occur?		
17. INFORMANT MRS. MRQELINE NORRIS					(Specify city or town, county and State) Specify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.		
18. BURIAL, CREMATION, OR REMOVAL Place Front Burg Med Date Legel 5, 19-3 6					Menner of injury		
19. UNDERTA		ofin &	lache	Que 1	24. Was disaase or injury in any way related to occupation of decaased?		
20. FILED	ly 14	1936. A)	v. J. P. 6	Frank	If so, spacify (Signed) (Signed) M. D M. D		
1	A			Registrar.	(Addrass) Cumberland, Md.		
U	V	If more	blanks are needed,	address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.		

V. S. No. 1

PHYSICIANS should state

Exact statement of OCCUPA-

Y, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-

ARGIN RESERVED FOR BINDING

AGE should be stated EXACTLY.

properly classified.

be

TION is very important. See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may

mation should be carefully supplied.

-WRITE PLAIN

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

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11.—The number of years the deceased followed the occupation.

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis . CEIVED	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage AUG 6 1936	July 5,1927	Peritonitis	3 days ago	
RUREAU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:	-02 H L	
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN	1

of OCCUPA-

N. B.-WRITE PLAINLY,

V. S. No. 1

TION is very important. See instructions on back of certificate.

STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH		48
County Allegany	WITH	N CORPORATE LIMITAS istration Dist. No.
Village or City Cumber 1	and. Md	St., 6-3 Ward (If death occurred in a hospital or instrution, give its NAME instead of street and number) osds. How long In U.S. If of foreign birth?yrsds.
2. FULL NAME Margaret		nell If U. S. Veteran, specify WAR
(a) Residence: No. Cum		
PERSONAL AND STATISTIC	AL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. White 5.	SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH July . 29 . 1936 (Month) (Oav) (Year)
5a. If married, widowed, or divorced HUSBANO of Charles.W.O	Donnell	(Month) (Oay) (Year) 22. I HEREBY CERT ITY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) May	.4.1874	I lest saw h. Le Palive on July 63 19. 36 death is said
7. AGE Years Months 62 2	Oays II LESS than 1 day,hrs	to have occurred on the date stated above, A
8. Trade, profession, or perticular kind of work done, as SPINNER, H. SAWYER, BOOKKEEPER, etc	ouse Work	Corringer of the day
kind of work done, as SPINNER, H. SAWYER, BOOKKEEPER, etc		
10. Date deceased last worked at this occupation (month end year)	11. Total time (years) spent in this occupation	
12. BIRTHPLACE (city or town)	Md	Other Contributory Causes of importance:
置 13. NAME James · Willar	d	
14. BIRTHPLACE (city or town)(State or country)	Mich	Name of operationOate of
15. MAIOEN NAME Dont Kno	W	23. If death wes due to external causes (VIOL ENCE) fill in also the Iollowing:
15. MAIOEN NAME DON'T KNO 16. BIRTHPLACE (city or town) (State or country)	Dont Know	Accident, suicide, or homicide?
17. INFORMANT Charles. Jr. (Address) Cumberlan	O'Donnell d. Md	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OB PANOVAL Place St. P. Paul's Co	0ate July - 31 - 1,936	Manner of injury
19. UNDERTAKER John . C. W. (Address) Cumberland.	olford Md	24. Was disease or injury in any way related to occupation of deceased?
20. FILE July 31, 1936. Dr.	P. Frankl Registrar.	(Addess) Cumberland, W
If more blan	nks are needed, address State Registrar	r, 2411 N. Charles Street, Baltimore, Requesting O. S. No. 1.

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Example I	li li	Example II	
The principal cause of death and related causes of importance were as follows:		The principal cause of death and related causes of importance were as follows:	Date of onset
	1915	Attack of epilepsy	1 week ago
	1921	Run over by street car	1 week ago
MECEIVED	July 5, 1927	Peritonitis	3 days ago
AUG 6 1936			
y causes of importanceS.		Other contributory causes of importance:	
	May 1,1923	Gastroenteritis	1 year
r causes of Majorianies.	May 1,1923		1
	nephritis	nephritis AUG 0 1930 AUG 0 1930 Ty causes of importances.	The principal cause of death and related causes of importance were as follows: 1915 Attack of epilepsy Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:

should state of OCCUPA-

STATE OF MARYLAND—	
1. PLACE OF DEATH	HIN CORPORATE LIMITS. Registration Dist. No. 4
County County WIT	Registration Dist. No.
Village or City Charle reland	No. St., 6-2 Ward death occurred in schorpital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occur	
2. FULL NAME Clyde	Mand.
(a) Residence: No. 50 7 Office of abode)	St., 6-2 Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the world)	21. DATE OF DEATH July 22 193
Sa. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBANO of (or) WIFE of	18 to Aug 1986
B. DATE OF BIRTH (month, day, and year) July 22, 1936	lest saw han elive on Aug P20 19 : death is sai
AGE Years Months Days If LESS then	to heve occurred on the dete steted above at 10 40 4.
1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related ceuses of importance were as follows:
8. Trede, profession, or particular kind of work dona, as SPINNER,	Oata ot onse
SAWYER, BOOKKEEPER, atc. 9. Industry or business in which	- Mayulung
kind of work dona, as SPINNER, SAWYER, BOOKKEPER, atc. 9. Industry or business in which work wes done, es SILK MILL, SAW MILL, BANK, etc. 10. Oata decesed lest worked et bits occuration (month and	but
10. Oata decessed lest worked et this occupation (month end year) spent in this occupation	, ,
12. BIRTHPLACE (city or town). Clemberleul had	Other Contributory Causes of importence:
(Stata or country)	
13. NAME Lonard D. Mund	
14. BIRTHPLACE (city or town). It Dring may may	Name of operation Oate of
(State of Country)	Whet test confirmed diagnosis? Wes there en autopsy?
15. MAIDEN NAME Prupule VV Volta	23. If deeth was due to external causes (VIOLENCE) fill in elso the following:
15. MAIDEN NAME MUTTLE W Wolfe 16. BIRTHPLACE (city or town) - Houndard Country)	Accident, suicide, or homicide?
(State or country)	Whera did injury occur? (Specify city or town, county and State)
(Address) 50 7 Ame daes	Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL OREMATION, OR REMOVAL	Menner of injury
Will Churchen Woode July 23, 1936	Nature of injury
9. UNDERTYPE Teores Voland	24. Was diseesa or injury in any way related to occupation of deceased?
College Valor	If so, specify (Signed) Comments M.
20. FILED Registrar.	(Address) 133 Va Ulli
If more blanks are needed, address State Registrar.	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows: IVED	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronie interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage AUG 1330	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			~ -

V. S. No. 1

Langth of rasidance is all townships a fash occurred. Langth of rasidance is all townships a fash occurred. As the low long in U. S. If of foreign birth? The control of the second o	STATE OF MARYLAND—	CERTIFICATE OF DEATH 7791
Village or City. Langth of rasidance height from higher fash occurred. Langth of rasidance height from higher fash occurred. (a) Residence: No. (busing hee of shock) PERSONAL AND STATISTICAL PARTICULARS S. SIX 4. COLOR OR RACE S. SINGLE, MARKIED, WIDOWED- OR DIAVORGED country word) So. II marking widowed, or divorced (illustration with the common of the profession, or particular) 8. Treate, profession, or particular word in the second of the profession, or particular word in the second of the profession, or particular word in the second of the profession, or particular word in the second of the profession, or particular word in the second of the profession or particular word in the second of the profession or particular word in the second of the profession or particular word in the second of the profession or particular word in the second of the profession or particular word in the second of the profession or particular word in the second of the profession or particular word in the second of the profession or particular word or the special particular word or	1. PLACE OF DEATH	
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2. FULL NAME (a) Residence: No. (Unus) place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR, RACE S. SINGLE, MARRIED, WIDWWDDORGED CONDUCTOR OR DAVORCED CONTROL OF DEATH 21. DATE OF DEATH 22. I HE R BY C BY T IFY, That I eltanded decased from the place of the definition of the place		death occurred in a hospital or institution, give its NAME, instead of street and number)
(a) Residence: No. (Unusiplace of shods) PERSONAL AND STATISTICAL PARTICULARS 3. SEX	Till hand Porter	3-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR PACE 5. SINGLE, MARNHED, WIDOVEDPOR, DILVORCED (Control the word) 5. LIF married, widowed, or divorced (IUSBANO of COT) (Viet) 5. LIF married, widowed, or divorced (IUSBANO of COT) (Viet) 5. LIF REBY CESTIFY, That I eltanded decased from the special control of the special control o		C4 Word
3. SEX 4. COLOR OR PRACE 5. SINGLE, MARRIED, WIDOWED, OR DINOMED Comments word) 5. If married, widowed, or divorced (cr) Wife of (cr		
Se. If married, widewed, or divorced (Menth) (Osy) (Yeer) (Yeer) (North) (Osy) (Yeer) (Yeer) (North) (Osy) (Yeer) (Yeer) (North) (Osy) (Yeer) (Yeer) (North) (Osy) (Yeer)	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
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6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Oays If LESS than Iday,	HUSBANO of	
7. AGE Years Months Oays If LESS than 1 day,	6. DATE OF BIRTH (month, day, and year) Della 28-86	
8. Trede, profassion, or perticular ware es follows: Date of one of work done, as SPINNER, SAWYER, BOOKKEPER, atc. 9. Industry or business in which work was done, as SILK MILL, SAWYER, BOOKKEPER, atc. 11. Total time (years) spent in this occupation (month and year) 12. BIRTHPLACE (city or town) Spent in this occupation (state or country) 13. NAME 14. BIRTHPLACE (city or town) Was there an autopsyz. 15. MAIDEN NAME 16. BIRTHPLACE (city or town) State or country) 17. INFORMANT 17. INFORMANT 18. BURIAL, CREMATION, OR REMOVAL Place 19. UNDERTAKER (Address) 24. Was diseese or injury In anyway related to occupation of depeased? If so, spacify (Signed) Maner of injury 18. Signed) Manner of injury in anyway related to occupation of depeased? If so, spacify (Signed)	7. AGE Years Months Oays If LESS than	to have occurred on the date stated above, atm.
8. Trede, profession, or perticular kind of work doma, as SPINNER, SAWYER, BOOKKEPPER, atc. 9. Indeutry or business in which work was done, as SILK MILL, SAWYER, BOOKKEPPER, atc. 10. Data deceased last worked at this occupation (month and occupation) 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Addrass) 18. BURIAL, CREMATION, OR RYMOVAL Place Date Date 19. UNDERTAKER (Address) 20. FILEO 19. 36. Q. R. Walkel (Lee) (Signed) (Signed) Other Contributory Causes of Importance: Other Contributory		The PRINCIPAL CAUSE OF DEATH and related causes of Importance
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Place Oata 19 Nature of Injury 19. UNDERTAKER 24. Was disease or injury In any way related to occupation of deceased? (Address) 20. FILEO S - 1, 19 3 6. Q R. Walker and (Signed) (Signed)	The state of the s	Manner of injury
(Address) If so, spacify 20. FILEO S - 1, 19 3 6. Q, R, Walkerand, (Signed)	Place	
20. FILEO		24. Was disease or injury in any way ralated to occupation of deceased?
100 01 000 1	20. FILEO & - 1, 19 36. A. R. Walker and Registrar.	(Signed) A LOS WING M. D. M. D

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Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	7	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BUKEAU	-11		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

very important.

19. UNDERTAKER

(Address)

CAUSE NOIL

V. S. No. 1

state OCCUPA

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1, 1

	TATE OF MAR	WI AND	CEDTIE	ICATE.	OF DEATH	
PLACE OF DE	STATE OF MAR	*WITHIN C	CERTIF	E LIMITS	OF DEATH	69
County	ALLEGANY		BPORA		Registration Dist. N	0. 4
Village or City	CUMBERLAND, MD	WITHIN OF	No. Modeath occurred in	EMORIAL a hospital or institut	HOSPITAL	st, 6~
Length of residence in	city or town where death occurred	yrsmos.	15ds. H	ow long in U.S. if of	f foreign birth?y	rs mos
ULL NAME	ROBERT REESE			f U. S. Veteran,	specify WAR	
(a) Residence: No.	OAKLAND, MD.	e of abode)	St.,	Ward.	If nonresident give cits	or town and State

Ward 2. 1 PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 21. DATE OF DEATH 5. SINGLE, MARRIED, WIDOWED. OR DIVORCED (write the word) MALE SINGLE 5a. If married, widowed, or divorced HUSBAND of I HEREBY CERTIFY, That I attended deceased from 22. (or) WIFE of 6. DATE OF BIRTH (month, day, and yeer) 7. AGE Years Months Days If LESS than 1 dey,____hrs. 10 2 or min. 8. Trade, profession, or particular OCCUPATION kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc..... 10. Date deceased last worked et this occupation (month and 11. Total time (years) spent in this occupation . 12. BIRTHPLACE (city or town) W. VA. (State or country) FATHER 13. NAME REESE 14. BIRTHPLACE (city or town). Name of operation (State or country) MOTHER 15. MAIDEN NAME 23. If death was due to external causes (VIOLENCE) fill in elso the following: Accident, suicide, or homicide?----- Date of injury-----, 19----16. BIRTHPLACE (city or town) (State or country) Where did injury occur?___ (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. 17. INFORMANT. (Address)

24. Wes disease or injury In any way related to occupation of If so, specify

Manner of injury

Nature of injury

(Signed)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis RECEIVED	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

of OCCUPA-

STATE O	F MARYLAND—	CERTIFICATE OF DEATH	953
County Alleghany		Registration Dist. No.	
Village or City Westernpor	t. Ma.	No. St.	Word
	(If	death occurred in a hospital or institution, give its NAME instead of street and r	
		ds. How long in U.S. if of foreign blrth?m	os ds.
2. FULL NAME Amos Remb	0Tq		
(a) Residence: No.	(Usual place of abode)	St., Ward. If nonresident give city or town and	State
PERSONAL AND STATISTIC		MEDICAL CERTIFICATE OF DEATH	Diare
3. SEX 4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married	21. DATE OF DEATH July (Month) (Day)	, 1936 (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Anna E. Rem	bold	22. I HEREBY CERTIFY, That I attended July 12 1936, to July 12	
6. DATE OF BIRTH (month, day, end year)	ov. 9 1867	llast saw him dead July 12 1936	; death is sald
7. AGE Years Months	Oays If LESS than 1 day, hrs. or min.	to have occurred on the date stated above, at 5 • 300 m. The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:	Date of onset
S. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	1	Fractured Skull	7-12-3
	Jarmer	Automobile Accident	
Nork was done, as SILK MILL, SAW MILL, BANK, etc.		Killed instantly	
10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spant in this occupation		-
12. BIRTHPLACE (city or town) - Presson (State or country)	W Co.	Other Coutributory Causes of importance:	
13. NAME Joseph Rev	nbold	'	
14. BIRTHPLACE (city or town)	P	Name of operation Date of	
(State of country)	enna	What test confirmed diagnosis? examinationwas there and	autopsy?
15. MAIDEN NAME 16. BIRTHPLACE (city or town)	rugh	23. If death was due to external causes (VIOLENCE) fill in elso the following Accident, suicide, or homicide? accident bate of injury 7-	12,756
17. INFORMANT Guya Jean (Address) Westerman	ledman	Where did injury occur? Alleghany Co. Md. (Specify city or town, county and State Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PL. Public highway -Route	e) ACE.
18. BURIAL, CREMATION, OR REMOVAL Place Angy MA	Oate July 15 1984	Menner of injury Automobile Accident Nature of injury Fractured skull	
19. UNDERTAKER M. B. Roger (Addiess) Keysel	21/2 Va	24. Wes disease or Injury in eny way related to occupation of deceased?	120
20. FILED July 13, 1836 G/R	Pagenhaker MX Registrar.	(Signed) Thomas Bess (Address) Keyser, V. Va.	M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example II	
Ses Date of onset	
1 week ago	
1 week ago	
3 days ago	
1 year	

FATHER 14. BIRTHPLACE (city or town).

(Stete or country) 15. MAIDEN NAME

MOTHER 16. BIRTHPLACE (city or town) (State or country)

18. BURIAL, CREMATION, OR REMOVAL

19. UNDERTAKER

(Address)

24. Wes disease or injury in eny wey If so, specify

(Address)

Where did injury occur?.

Manner of Injur

Nature of Injury

(Signed)

What test confirmed diagnosis?

23. If deeth was due to external causes (VIOL ENCE) fill in elso the following:

Accident, suicide, or homicide?_______ Date of Injury_______, 19.

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

(Specify city or town, county and State)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Registrar.

WRITE

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DEATH

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ause of death and related causes Date were as follows:	e of onest
	o or onset
1 1	week ago
car 1	week ago
3.0	days ago
ory causes of importance:	1 year
t	

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state -WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-Exact statement of OCCUPA. CAUSE OF DEATH in plain terms, so that it may be properly classified. ARGIN RESERVED FOR BINDING

V. S. No. 1

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH WITHIN CORP	(23)
County Allegany.	ORATE Registration Dist, No. 4
Village or City annhuland:	No. Thank axb st Was
Length of residence in city or town where death occurred _ &yrs	(If death occurred in a hospital or institution, give its NAME instead of street and number) mosds. How long In U.S. if of foreign birth?yrsmos
2. FULL NAME ISEAN Sylvester St	hsuser If U. S. Veteran, specify WAR
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWEL OR DIVORCED / write the word	July 18 193 6
5a. If married, widowed, pr divorced	(Month) (Day) (Year)
(Or) WIFE OF mosthe a. Nongherty	1 HEREBY CERTIFY, That I attended deceased from 1933, to July 28 1936
6. DATE OF BIRTH (month, day, and year) Fift 21 186	I last soft hem elive on July 27 , 1936; death is si
7. AGE Years Months Days If LESS tha	The state of the date stated above, at 1 - 1 - 2 - 2 - 2 - 111.
68 5 7 Iday,	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as 10 lower.
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Gulmonery Atterculoses Date of one
SAWYER, BOOKKEEPER, etc	
Spent in this	
12. BIRTHPLACE (city or town) Completed O	Other Contributory Causes of importance:
(State or country) Ang	
13. NAME anthony Schner	
14. BIRTHPLACE (city or town) Baden (State or country)	Name of operation Date ol
15. MAIDEN NAME Fram A Klaber	What test confirmed diagnosis? Was there an autopsy? Was there an autopsy?
16. BIRTHPLACE (city or town) Burden	23. If death was due to external causes (VIOLENCE) fill in also the Jollowing:
State or country)	Accident, suicide, or homicide?
17. INFORMANT Joseph S. Schmie J.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OD REMOVAL	Manner ol injury
Place 16 1 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Nature of injury
19. UNDERTAKER Anno Stern Inc. (Address)	24. Was disease or injury in any way related to occupation of deceased?
20. FILED July 20, 1936 De J. P. Frankler.	(Signed) Thughe Reynolds M.
Registrar.	(Address) - Howel Blad

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Example I	li li	Example II	
The principal cause of death and related causes of importance were as follows: E I V E	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial pephritis AUG 6 1936	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	·
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

Amoldo

Registrar

If more blanks are needed, address State Registrat, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

(Address)

1. PLACE OF DEATH

DR.ZIMMERMAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

(Year)

---- Wes there an autopsy?.

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Cerebral hemorrhage AUG 6 1936	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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Example 1	li	Example 11	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Company homography and	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
MURGALL V. S.	e de la companya de l		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1 N. B.—WR

STATE OF MARYLAND—	CERTIFICATE OF DEATH 5958
1. PLACE OF DEATH	(93-2)
County allegant	Registration Dist, Np.
Village or City Sattate md.	No. St. Ward
27 2 (1)	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred below	ds. How long in U. S. If of foreign birth?yrsmosds.
2. FULL NAMELOUN Jarals Sigles	If U. S. Veteran, specify WAR
(a) Residence: No. Raultaal Stitletti (Usual place of abode)	' St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
male White Massell (Massella	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of mona Forthman de alos)	22. HEREBY CERTIFY That I ettended deceased from
C DATE OF DISTRICT AND 1 1 1 1 2 1 2	Hast saw h. Cara elive on 200 900 1936 death is said
6. DATE OF BIRTH (month, day, and year) May 0 5. 7. AGE Years Months Days If LESS than	to have occurred on the date stored above at 2.73 ft.m., 1936.; death is said
72 7, A . 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
ormin.	morie Thy rearditis 2163
kind of work done, as SPINNER Tosemen	1963
9. Andustry or business in which	
work was done, es SILK MILL, Laurand Frack.	
kind of work done, as SPINNER SAWYER, BDDKKEEPER, etc. 9.4 Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc. 10. Date decesed last worked et this occupation (month and 3 4th spent in this 35.	
year) occupation S	
12. BIRTHPLACE (city or town) Vale Summit	Dther Contributory Capses of Importance: 2-16-3
(State or country)	The state of the s
13. NAME (van) James Sig (os)	
13. NAME (van James Sigler) 14. BIRTHPLACE (city or town) for known.	Name of operation
(State or country)	What test confirmed diagnosis? Was there an autopsy? MA
15. MAIDEN NAME (and Wess bethe Chancel.	
16. BIRTHPLACE (city or town) Surell Caunty.	23. If death was due to external causes (VIOL ENCE) fill in also the following:
State or country)	Accident, suicide, or homicide? Date of injury, 19 Where did injury occur?
La Salla tot	(Specify city or town, county and State)
17. INFDRMANT (Address) (Address) M. A.	Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Mesternfact Date July 13, 1936	Nature of injury
11/3000	n ha
19. UNDERTAKER (M. Address)	24. Was disease of injurying any wey related to occupation of deceased?
COOL	If so, specify
20. FILED 11, 19.36 D. M. J. Douche Registrar,	(Signed) (Address) Westwarp of h
	Address) W. Charles Street, Baltimore, Requesting U. B. No. z.
- The state of the	-7 Commercial Dammerc, Acquesting U.D. IVO. I.

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BI REAU V. S.	1		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

LY, WITH UNFADING INK—THIS IS A PERMANENT carefully supplied. AGE should be stated EXACTLY

CO	1. PLACE OF BEATH	CORPORATE 59	
should f OCC	Village Dr City Suntal and	THIN CORPORATE 59 Registration Dist. No.	L War
0	(II	death occurred in a hospital or institution, give its NAME instead of street and number	
INS ent	Length of residence In city of town where death occurredyrsnos	ds. How tong in U.S. If of foreign birth?yrsmos	d
CIA	2. FULL NAME V MANEE Transfeling	If U. S. Veteran, specify WAR	
PHYSICIANS ct statement	(a) Residence: No. 119 Clatur (Usual place of abode)	St., Ward. If nonresident give city or town and Stat	e
PH	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
LY. PH. Exact	3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Whate Sungle	21. DATE OF DEATH /0 (Pay)	(Year)
X A C T I	5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY That I attended dece	
	6. DATE OF BIRTH (month, day, and year) May . Vz, 1860	I last saw have alive on 35 9 10 , 1936 ; de	ath is sai
ed fica	7. AGE Years Months Bays If LESS than	to heve occurred on the dete stated above, atm.	
stated E properly certificate	76 / 18 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	te of onse
	8. Trade, profession, or particular kind of work done, as SPINNER	beenly or 7 neig	3
be v of	SAWYER, BDOKKEEPER, etc.	-and throat	Stage of
should it may n back	work was done, es SILK MILL, Stationary		
s sh t it on	kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked et this occupation (month and year) year) 11. Total time (years) spent in which occupation		
AGE so that	P 10.0 A	Other Contributory Causes of importance:	
so uct	12. BIRTHPLACE (city or town) (State or country)	Chance Dutates	7-3-0
ld be carefully supplied. AGI DEATH in plain terms, so thay important. See instructions	13. NAME EL Jurale 14. BIRTHPLACE (city or town)		
sup in te	14. BIRTHPLACE (city or town)	Neme of operation Date of	
ly slain	(State of Country)	What test confirmed diagnosis? Was there an autop	osy?
n p	15. MAIDEN NAME Mary accor Holman	23. If death was due to external causes (VIDLENCE) fill in also the following:	
be carefully EATH in pla important.	16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury	, 19
AT npc	(State or country)	Where did injury occur?	
should b OF DE	17. INFORMANT This Than Mary I mall (Address) Cumbrilland my	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
shoul OF	18. BURIAL, CREMATION, DR REMOVAL	Manner of injury	
SE SE	Place Par Ital Cellpate July 13, 1936	Nature of injury	
CAUS	19. UNDERTAKER Joseph Storik Leve	24. Was disease or injury in any way related to occupation of deceased?	
EOF	(Address)	If so, specify	
U	man Ouly 13.31 to 1 P Frank &	(Signed) / / / / / / / / / / / / / / / / / / /	M.
	20, FILED Registrar.	(Address) hereto Tal ne	
	If more blankware needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	

STATE OF MARYLAND—CERTIFICATE OF DEATH

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Other contributory causes of importance:		Other contributory causes of importance:	
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OCCUP

should

PHYSICIAN

ż	N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A I	INT	Ι,	VITH	UNFAL	Z	5	NK	LHIS	ISAL
(mation should be carefully supplied. AGE should be stated	be (arei	ully	supplied.	₹ .	GE	shoule	d be	stated
1	CAUSE OF DEATH in plain terms, so that it may be properly	EAT	H in	plair	n terms,	80	that	it ma	y be	proper
	OTT TO THE TAXABLE PARTY OF THE		7	3					4	3:7

STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH Allegany Registration Dist. No. 2 Jr County Village or City Cumberland . Md No. Kout C (If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence in city or town where death occurred _____yrs.______ds. How long In U.S. if of foreign birth? _____yrs.______ds. 2. FULL NAME Hannah . P. Smith If U. S. Veteran, specify WAR (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIOOWEO, 21. DATE OF DEATH OR DIVORCEO (write the word) July.17th.1936 Female White laried (Month) (Day) (Year) 5a. If married, widowed, or divorced Boyd Smith HUSBAND of That I attended deceased from (or) WIFE of Dec. 18th 1864 6. OATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than to have occurred on the dete stated ebove, et 1 dey, hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance or min. Date of onset 8. Trede, profession, or perticular OCCUPATION kind of work done, as SPINNER, House Wife SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc.... 10. Date deceased last worked at 11. Totel time (years)
spent in this this occupation (month end occupation __ 12. BIRTHPLACE (city or town) (State or country) FATHER 13. NAME Jacob. Boore 14. BIRTHPLACE (city or town) Neme of operation____ (State or country) Whet test confirmed diegnosis Maza. Dean. 15. MAIOEN NAME MOTHE 23. If deeth was due to external cause (VIOLENCE) fill in also the following: Accident, suicide, or homicide?_____ Oete of Injury_____ 19____ 16. BIRTHPLACE (city or town)_____ (State or country) Where did Injury occur?___ (Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, In HOME, or In PUBLIC PLACE. 17. INFORMANT. Flint Stone Rout (Address) 18. BURIAL, CREMATION, OR REMOVAL Manner of Injury Plece Plegant Grove Oate July18 Nature of Injury 24. Was disease or injury in any way related to occupation of deceased? 19. UNDERTAKER (Address) If so, speciff (Signed) Registrar. If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. &

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
11 tel tostiel osts	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
S. V.S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

TION is very important. See instructions on back of certificate.

STATE OF MARYLAND-CERTIFICATE OF DEATH

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V	V	U	

1. PLACE OF DEATH	(122-02)
County ALLEGANY Village or City CUMBERIAND, MD. WITHIN	CORPORATE LIMITS, Registration Dist. No.
Village or City CHMBERTAND MD. WITHIN	No. MEMORIAL HOSPITAL
range of only No share the garage and garage	(If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where deeth occurredyrs,n	nosds. How long in U.S. If of foreign birth?
2. FULL NAME ADA SNYDER	If U. S. Veteran, specify WAR
(a) Residence: No. 3 MILTENBERGER PLACT	E, St., 5 Ward.
PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
FEMALE WHITE MARRIED	JULY 1, 1936, 193 (Month) (Dey) (Year)
5a. If married, widowed, or divorced	(Month) (Dey) (Year)
HUSBAND of (or) WIFE of JACOB L. SNYDER	22. I HEREBY CERTIFY, That I attended deceased from
10	, 19, to, 19
6. DATE OF BIRTH (month, dey, and year) 7. AGE Years Months Deys If LESS than	I last saw h alive on
5.4 1 day,hi	5. The PRINCIPAL CAUSE OF DEATH and related causes of Importance
8. Trade profession or perticular	were stillows Tourstop herris Date of onset
kind of work done, as SPINNER, HOUSEWIFE	1926
Kind of work done, as SPINNER, HOUSEWIFE 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	
work was done, as SILK MILL, SAW MILL, BANK, etc	
this occupation (month and spent in this occupation occupation	
TATATANTA	Other Coutribujory Causes of Importance:
12. BIRTHPLACE (city or town) BINGTHAM D (State or country)	The state of the s
🖺 13. NAME EVANS	
14. BIRTHPLACE (city or town)	Name of operation
(State or country)	What test confirmed diagnosic lewise Wes there an autopsy?
15. MAIDEN NAME	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide? Dete of injury19
State or country)	Where did Injury occur?
17. INFORMANT MEMORIAL HOSPITAL	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
(Address) CUMBERLAND, MD, 18. BURIAL CREMATION OR REMOVAL	
Place follows the Cens Date Mars 3 193	Manner of injury
D. H. 1101	Rature of injury
19. UNDERTAKER MAN SALAMY TANG (Address)	24. Was disease or injury in any way related to occupation of deceased?
A SUMMER OF A	If so, specify (V), (Signed), (Signed), M, D
20. FILED July 3., 19. 36. At. J. V. Frank	(Address) (VA-A) / DA Land and
	at, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis - CEIVEI	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
AUG 6 1936			
Other contributory causes of importance: V. S		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

FOR BINDING

ARGIN RESERVED

V. S. No. 1

Exact statement of OCCUPA. B.-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of inforproperly classified. See instructions on back of certificate. CAUSE OF DEATH in plain terms, so that it may mation should be carefully supplied. TION is very important. STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH COUNTY. CORPORATE LIMITS. CORPORATE LIMITS. Village or City. Cumberland. Md WITHIN No. 705. Va. Ave No. 105. If traited and intention, give in NAME intended fatteet and number) St. Ward If U. St. Certan, Specify Ward Name of Data Certain Secrety of town Additional Certain Secrety of the North Additional Certain Secrety of the Name of Name	1. PLACE OF DEATH				LIMITS. Dr. Surrett
Length of residence in city or town where death occurred yrs	County A	llegany		IAIRI	CORPORATE & Registration Dist. No. 44
2. FULL NAME (a) Residence: No. Cumberland. Md (Usual place of abods) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE Formalle White Son Divigence of abods The nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH July 16.1936 (Month) (Month) (Osy) (Yeer) 22. I HEREBY CERTIFY, That I attended decessed from 19. to 19.	A		nd. Md	(If	death occurred in a hospital or institution, give its NAME instead of street and number)
(a) Residence: No. Cumberland. Md (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX Female White S. SINGLE, MARRIED, WIDOWED, ON BURNERED, Cornic the word of Cry Wife of Cornic the White S. Life State of Country S. Life State of Country) 5. If married, widowed, or divorced clustering to Characteristic State of Country State of Country State or country) 6. DATE OF BIRTH (month, day, and year) July 16th 1936 7. AGE Yaars Months Deys It LESS than Leave, It have occurred on the date stated above, at 11. 20m Pm The PRINCIPLA CAUSE OF DEATH and related causes of importance were as follows: 8. Trade, profession, or particular kind of work done, as SPINNER, SAVER, BOOKKEFER, etc. 9. Industry or business in which was done, as SPINNER, SAVER, BOOKKEFER, etc. 10. Determine the country of the	Length of residance In city or	town where death	occurrad	yrsmos	ds. How long in U.S. if of foraign birth?yrsmosd
(a) Residence: No. Cumberland. Md (Usus) place of shock) PERSONAL AND STATISTICAL PARTICULARS 3. SEX Female White S. SINGLE, MARRIED, WIDOWED, OR DIVORCED, Carrier the word of (Pay) Sa. If married, widowed, or divorced HUSSAND (Cay) (Work He of Cay) S. If married, widowed, or divorced HUSSAND (Cay) (Work He of Cay) S. If married, widowed, or divorced HUSSAND (Cay) (Work He of Cay) S. If the Reby Certify, That I attended deceased from the same of the stated above, at 11. 20. Pm It the St. In the stated above, at 11. 20. Pm The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: S. Trade, profession, or particular kind of work done, as SPINNER, SAMPER, BOOKKEFER, etc. S. Industry or business in which Mill. Work was drone, as SIK MILL. On the deceased last worked at the stated above, at 11. 20. Pm In the PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: S. Industry or business in which Mill. With was drone, as SIK MILL. Other Centribatery Causes of importance: What Lest confirmed diagnosis? What Lest confirmed diagnosis? What Lest confirmed diagnosis? What Lest confirmed diagnosis? Was there an autopsay? 23. If daeth was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicida? Date of injury Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Menner of injury	2. FULL NAME	illo	2nu	Speel	man If U. S. Veteran, specify WAR
4. COLOR OR RACE Female White S. SINGLE, MARRIED, WIDOWED, OR DIVORCED famile the word) 5. If married, widowed, or divorced HUSSAND or divorced (Month) (Day) (Year) 4. COLOR OR RACE Female White Single MARRIED, WIDOWED, OR DIVORCED famile the word) 5. If married, widowed, or divorced HUSSAND or divorced (Month) (Day) (Year) 7. AGE Yaars Months Deys If LESS than I day, hrs. or	(a) Residence: No.	Cumberl			St.,Ward.
Female White OR DIVORCED (write the word) 5a. If married, widowed, or divorced HUSBARD (Cor) Wife of Cor) Wi	PERSONAL AND	STATISTICA	L PARTIC	CULARS	MEDICAL CERTIFICATE OF DEATH
55. If married, widowed, or divorced HUSBAND or O(of) WiFE of 22. I HEREBY CERTIFY. That I attended decessed from the HUSBAND of the profession of particular and of work done as SPINKER, SAWYER, BOOKKEPER, etc. 9. Industry or business in which sort was done as SPINKER, SAWYER, BOOKKEPER, etc. 9. Industry or business in which sort was done as SILK MILL, SAWYER, BOOKKEPER, etc. 9. Industry or business in which sort was done as SILK MILL, SAWYER, BOOKKEPER, etc. 9. Industry or business in which sort was done as SILK MILL, SAWYER, BOOKKEPER, etc. 9. Industry or business in which sort was done as SILK MILL, SAWYER, BOOKKEPER, etc. 9. Industry or business in which sort was done as SILK MILL, SAWYER, BOOKKEPER, etc. 9. Industry or business in which sort was done as SILK MILL, SAWYER, BOOKKEPER, etc. 9. Industry or business in which sort was done as SILK MILL, SAWYER, BOOKKEPER, etc. 9. Industry or business in which sort was a follows: 9. Industry or business in which sort was a follows: 9. Industry or business of importence: 12. BIRTHPLACE (city or town) (State or country) 13. NAME Harry Molinari 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME Annie Speelman 16. BIRTHPLACE (city or town) (Address) 17. INFORMANT Harry Molinari (Address) 18. BURIAL, CREMATION, OR REMOVAL 18. BURIAL, CREMATION, OR REMOVAL 19. Menner of injury			OR DIVORCED	(write the word)	July.16.1936
6. DATE OF BIRTH (month, day, and year) 7. AGE Yaars Months Deys If LESS than I day,hrs. ormin. 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BODNKEEPER, etc 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date decessed last worked at this occupation (month and year) You (State or country) Md (State or country) Md 13. NAME Harry Molinari 14. BIRTHPLACE (city or town) (Stata or country) Md Name of oparation. Date of injury What test confirmed diagnosis? Was there an autopsy? What test confirmed diagnosis? Was there an autopsy? What test confirmed diagnosis? Was there an autopsy? 23. If dasth was due to external causes (VIOLENCE) fill in also the following: Accidant, suicide, or homicida? Date of injury Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Menner of injury Months Development Manuel Garden, suicide, or homicida? Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Menner of injury	5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	• • •	•		22. I HEREBY CERTIFY, That I attended deceased fro
TAGE Yaars Months Deys If LESS than Idayhrs. or		- 7	3.6.1	7076	
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BONKEFPER, etc. 9. Industry or business in which work was done, as SPINNER, SAWYER, BONKEFPER, etc. 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation (month and year) 12. BIRTHPLACE (city or town) (State or country) 13. NAME Harry Molinari 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME Annie Speelman 16. BIRTHPLACE (city or town) (Sata or country) 17. INFORMANT (Address) Cumberland. Md Menner of injury		1			
S. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BODKKEPER, etc. 9. Industry or business In which work was done, as SILK MILL, SAW MILL, SAW MILL, BANK, etc 10. Date deceased last workad at this occupation (month and year) 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (Stata or country) 15. MAIDEN NAME Annie Speelman 16. BIRTHPLACE (city or town) (Stata or country) 17. INFORMANT (Address) Cumberland Md Menner of injury	• •			1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
Other Contributory Causes of importence: 12. BIRTHPLACE (city or town)	8. Trade, profession, or particukind of work done, as S SAWYER, BODKKEEPER,	llar PINNER, etc			Stilletoin
Other Contributory Causes of importence:	9. Industry or business In whi work was dona, as SILK SAW MILL, BANK, etc	ch			
12. BIRTHPLACE (city or town) (State or country) 13. NAME	- I chis occupation (month a	at nd	11. Total tip spen occu	na (yaars) tin this pation	
14. BIRTHPLACE (city or town) (Stata or country) 15. MAIDEN NAME Annie Speelman 16. BIRTHPLACE (city or town) (Stata or country) 17. INFORMANT (Address) Cumberland Md Name of oparation What test confirmed diegnosis? 23. If daath was due to external causes (VIOLENCE) fill in also the following: Accidant, suicide, or homicida? Where did injury occur? Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Menner of injury Menner of injury Menner of injury Menner of injury	12. BIRTHPLACE (city or town)				Other Contributory Causes of importence:
What test confirmed diegnosis?	13. NAME Harry	y .Molin	ari		
15. MAIDEN NAME Annie Speelman 16. BIRTHPLACE (city or town) (Stata or country) 17. INFORMANT (Address) Cumberland Md 18. BURIAL, CREMATIDN, OR REMOVAL ROSE 19. Maiden 23. If daath was due to external causes (VIOLENCE) fill In also the following: Accidant, suicide, or homicida? Where did injury occur? (Specify city or town, county and State) Specify whether Injury occurred In INDUSTRY, In HOME, or in PUBLIC PLACE. Menner of injury Menner of injury Menner of injury	14. BIRTHPLACE (city or town). (Stata or country)		Md		Name of operation
Where did injury occur? (Specify city or town, county and State) Specify whether Injury occurred In INDUSTRY, In HOME, or in PUBLIC PLACE. (Address) Cumberland Md 18. BURIAL, CREMATION, OR REMOVAL ROSE Hill Cewn. July 18,193	15. MAIDEN NAME Anni	e Snee	lman .		
(Specify city or town, county and State) 17. INFORMANT Harry Molinari (Address) Cumberland Md 18. BURIAL, CREMATION, OR REMOVAL ROSE Hill Cew July 18.193	16. BIRTHPLACE (city or town)	_		d	Accidant, suicide, or homicida?Date of injury19
18. BURIAL, CREMATION, OR REMOVAL CENT. July . 18.,193	17. INFORMANT Harry				(Specify city or town, county and State)
Nature of injury	18. BURIAL, CREMATION, OR REMO	1/61		y • 18 ; 1 9 3	•
19. UNDERTAKER John . C . Wolford (Address) Cumberland . Md 24. Was disease or injury in any way related to occupation of deceased? If so, specify	19. UNDERTAKER			Md	On 1/ Andre
20, FILED July 18, 19 36. Dr. J. P. Franklin (Signad) Cumberland, Md CAddress)	20, FILED July 18, 19 3	6. Dr. (J. P. Fr	Registrar.	h) (() surfrer (au s)) 11 1

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows: V E D	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebrat hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	940 LIMITS.
County Mlegary .	HIN CORPORATE LINE. Registration Dist. No. 4
	No. Musical Month St., L-1 Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence In city or town where death occurredns.,mos	
2. FULL NAME Intoma Spera	If U. S. Veteran, specify WAR
(a) Residence: No. 1312 Vinginia (6-3 Ward.
(Uspal place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH (Month) 79 (Year) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of phlomena, alexando	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Ale 13 1867	I last saw hele alive on July 28 1936: death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 11 9 m
68 7 16 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8 Trade profession or particular	were as follows:
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	(14 Alua Tealans
kind of work done, as SPINNER. SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and the programme of the conception).	
Spellt M. (1912	
	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) (State or country)	
E .	
14. BIRTHPLACE (city or town)	Name of operation
	What test confirmed diagnosis? Was there an autopsy?
I TOWN GOOD TO TO TO TO THE TOWN THE TO	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
1 (State of County),	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT ASKAN AREA (Address)	Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place It allrocks and Date 1 31, 19 Jb	Nature of injury
19. UNDERTAKER Lang Stein Dac	24. Was disease or injury in any way related to occupation of deceased?
(Address) Cambridge	If so, specify
20. FILED Quely 30 19 1 D. J. Frankli	(Signed William 1942) M.D.
Registrar.	(Address) 122 So Quality of

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example I	_ = 1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage AUG 6 1990	July 5,1927	Peritonitis	3 days ago
BUREAU V. S			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
	<u></u>		<u> </u>

V. S. No. 1 Ř OCCUPA.

of

STATE OF MARYLAND-	-CERTIFICATE OF DEATH 6964
1. PLACE OF DEATH	THE LIMITS.
County Allegany	CORPORA Registration Dist. No. 4
County Allegany Village or City Cumberland, Md. WITHIN Length of residence In city or town where death occurred yrs. m	No. Me morial Hospital St., 6-1 Ward If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence In city or town where death occurredyrsme	os. 2 ds. How long In U.S. if of foreign birth? yrs. mos. ds.
2. FULL NAME Gustavus Stanton	If U. S. Veteran, specify WAR
(a) Residence: No. Bittinger Md (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH July 26 193 6
Male White Married 5s. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of (or) WIFE of Sarah Jordan	22 11 HEREBY CERTIFY. That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Jan. 20, 1870	Clast saw allve on July (75, 1936, ; death is said
7. AGE Years Months Days If LESS than 1 day,hrs	to heve occurred on the date stated above a 4 4 4 A M . M
66 6 ormin.	Were as fellows:
8. Trade, profession, or particular kind of work done, es SPINNER, SAWYER, BODKKEEPER, etcFarmer	Caracour Caracour
Industry or business in which	K Bubatre Vall on My
work wes done, es SILK MILL, SAW MILL, BANK, etc.	is in the state of
10. Date deceased last worked et this occupation (month and spent in this	Two way of
year) occupation	Other Contributor Laws of Importance;
12. BIRTHPLACE (city or town) Maryland	Deliver bearing states of Importance
13. NAME Thomas Stanton	The second second
13. NAME Thomas Stanton 14. BIRTHPLACE (city or town)	Name of operation A Delta O Date of Da
(State or country) Maryland	What test confirmed diegnosis? Ras there an eutopsy?
15. MAIDEN NAME Louise Broadwater	23. If death was due to external causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homidide?
(State or country) Maryland	Where did injury occurs where and Nall 304
17. INFORMANT Memorial Hospital (Address) Cumberland Ind.	(Specify city or yown, bunty and State) Specify whether injury occurred in INDUSTITY, In HOME, or in PUBLIC PLACE.
18. BURIAL, OREMATION, OR REMOVAL	Menner of injury
Provillinger My Date July 26, 1931	
19. UNDERTAKE OF M. Willterberg	24. Was disease or injury in any way related to occupation of deceased?
(Addred rantsville, md.)	If so, specify
10 -1 - Dead or Whi.	(Signed) and Agus Terris (40)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

(Address)

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	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
		2 54
May 1 1009	Other contributory causes of importance:	
mug1,1325	Tusa venuer i is	1 year
	1915 1921	Date of onset The principal cause of death and related causes of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:

BINDING

RESERVED

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

(Yeer)

Date of onset

(Day)

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Chronic interstitial nephritis ALIC A 1936	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ARGIN RESERVED FOR BINDING

1. PLACE OF DEATH	
County allegary WITHIN COM	ORATE LIMITS Registration Dist. No. 4
Village or City & som terland	No. 508 Greene St Ward
Length of residence In city of town where death occurred 18 yrs 0.00 most	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
2 FILL NAME JAZ-TL. Min Steh	I
(a) Residence: No. 508 Archit	If U. S. Veteran, specify WAR
(Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) July 2 3 1, 1936 (Month) (Day) (Pear)
5a. If married, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY, That I attended deceased from
(or) WIFE of	7-13-3 (19 to 7-23 193 c
6. DATE OF BIRTH (month, day, and year) Inly 18	I last saw h La alive on 7-23-36,19 ; death Is sale
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 2:40 P.m.
18 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER.	(1) Dost-Operative Callapse
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and	Tonsillectory, performed for sularged
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	diseased tonsilas custon
10. Data deceased last worked at this occupation (month and year)	It followed the administration of athers
12. BIRTHPLACE (city or town) Cranterland (State or country)	Other Contributory Causes of importance: (4) Dermitage:
13. NAME John / H Stephens	I mon purposal.
I / West of the second	Name of operation Jousille ctory Date of 7-12-3
4. BIRCHPLACE (city or town). (State or country)	
15. MAIDEN NAME Cla Brace	What test confirmed diagnosis? Was there an autopsy? 23. If death was due to external causes (VIOL ENCE) fill in also the following:
15. MAIDEN NAME A Source 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?Date of injury19
∑ (State or country) / Val.	Where did injury occur?
17. INFORMANT John At Stephens	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place ATAL Hall Care Date 7/25, 19.36	Manner of Injury
19. UNDERTAKER at mis Stern In . (Address) Immeriand	24. Was disease or injury in any way related to eccupation of deceased?
20. FILED July 20, 1936, Dr. J. C. Frankliger. Registrar.	(Signed) M. D. Michesias M. D.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Ballimore, Requesting U. S. No. 1.

N. B.—WRITE PLAINLY mation should be ca CAUSE OF DEATH

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of importance were as follo	ws:	Duct of onset	of importance were as follows:	Date of onset
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	AUG 6 1986	1 1		
Other contributory causes of	of importance:		Other contributory causes of importance:	
Gallstones	·	May 1,1923	Gastroenteritis	1 year

1	STATE	OF MAR		CERTIFICATE OF DEATH	6967
	County Allega	ny	WITHMITE	Registration Dist. No.	4
	Village or City_Cumberla		WITHIN	No. Potomac River #	Ward
	Length of residence In city or town wher	e death occurred	(I) mosmosmos	f death occurred in a hospital or institution, give its NAME instead of street asds. How long in U.S. If of foreign birth?yrs	nd number) _mosds,
2	. FULL NAME Grant	.Trexler	•	If II. S. Veteran specify WAR	
	(a) Residence: NoCumb	erland.	Md-3359l	dest., 6-3 ward.	
all constants	PERSONAL AND STATIS	TICAL PART	ICULARS	If nonresident give city or town a	
	Male 4. COLOR OR RACE	5. SINGLE, MAI OR DIVORCE	RRIED, WIDOWED. ED (write the word)	21. DATE OF DEATH July. 11,193	
Ja.	If married, widowed, or divorced HUSBAND of Allis	. Trexle	r	22. I HEREBY CERTIFY, That I ettend	
6. 1	DATE OF BIRTH (month, day, and year)	Oct.8 1	.866		
-	AGE Years Months 69 8	Days 24	If LESS than 1 day,hrs. ormin.	to have occurred on the dete steted ebove, et 11.30m. Pm The PRINCIPAL CAUSE OF DEATH and related causes of importence were as follows:	
OCCUPATION	8. Irade, profession, or particular kind of work done, as SPINNER, Carpenter SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL,		River: Cumberland: Md Probably accidental.	Date of onset	
000	10. Date deceased last worked at this occupation (month end year)	this occupation (month end spent in this		A	
12.	BIRTHPLACE (city or town)(State or country)		Pa	Other Contributory Causes of Importance:	
田田	13. NAME Wilber.	Trexler			
FATH	14. BIRTHPLACE (city or town)(State or country)	F	a	Neme of operation Date of What test confirmed diagnosts? Wes there a	
ER	15. MAIDEN NAME Dont	Know		23. If death wes due to external causes (VIOLENCE) fill in elso the follow	
MOTH	15. MAIDEN NAME DONT KNOW 16. BIRTHPLACE (city or town) (Stete or country) 17. INFORMANT (Address) Cumberland Md			Accident, suicide, or homicide? Date of injury Where did injury occur?	
17,				(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.	
18.	BURIAL, CREMATION, OR REMOVAL N. Place Tera Alta, W.	Va. Date July	.15.1936	Manner of injury	
19.	19. UNDERTAKER John.C.Wolford (Address) Cumberland. Md			24. Was disease or injury in any way related to occupation of deceased? If so, specify	
20.	FILED July 15, 1936. D	N. J. P.	Frank Registrar.	· · · · · · · · · · · · · · · · · · ·	ner M.D.
	If mo	re blanks are needed,	address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	

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BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	100
Gallstones	May 1,1923	Gastroenteritis	1 year

County WILLIAM DESCRIPTION DIST. No. 15 CORPORATE LIMITS. Village or City League of the Committee of St. 6 - Zeward (If death occurred in a bappinal or minimum, give its NAME instead of steet and number) League of St. 6 - Zeward (a) Residence: No. 1 - Zeward (Usual steet of Steet) League of Steet of S	STATE OF MA	RYLAND-	CERTIFICATE OF DEATH	0308
Village or City. Length of residence in Ck. Jown where death occurred. (If death occurred in shoppial or matination, give in NAME instead of street and number). 2. FULL NAME (a) Residence: No. (b) Residence: No. (c) Residence: No. (c) Residence: No. (d) Residence: No. (d) Residence: No. (e) Residence: No. (f) U. S. Veloran, specify WAR (g) Residence: No. (g) Residence: No. (g) Residence: No. (h) Current leaves of the control of the contr	1. PLACE OF DEATH		(48) LIMITS.	
Village or City Length of residence in city floww where death occurred. (B takin occurred in a hospital or institution, give in NAME instead of threet and namber) Length of residence in city floww where death occurred. (a) Residence: No. 2. FULL NAME VILL NAME VILL ON STATISTICAL PARTICULARS St. 6. Ward. 1. St. 6. Ward. 2. DATE OF DEATH (Informath, day, and year) 1. St. 6. DATE OF BIRTH (month, day, and year) 1. St. 6. DATE OF	County allegants		THIN CORPORA Registration Dist. N	10. 4
Length of residence in Cut. Glown where ceth occurred. (a) Residence: No. (b) Residence: No. (c) Residence: No. (d) Residence: No. (e) PERSONAL AND STATISTICAL PARTICULARS 3. SEZ (a) COLOR OR BACE (b) BY/GRED (write the word) (c) DATE OF BERTH (month, day, and year) (c) DATE OF BERTH (month, day, and year) (d) Points of weed does as like in the word of the control of the word was deep as like in the word of the control of o	Village or City Kindlal	ula	No. 13 arch	
(a) Residence: No. (b) Clussiplace of aboot. PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINCLE, MARKEED, WINDWED, OR DIVOKED Curvic the weight of convenience of	Length of residence in chy crown where death occurred			
PERSONAL AND STATISTICAL PARTICULARS J. SEX 4. COLOR OR BACE 5. SINGLE, MARRIED, WINDWED, OR DIVERCE Countries 5. SINGLE, MARRIED, WINDWED, OR DIVERCE Countries 6. DATE OF BIRTH (month, day, and year) 7. AGE Vers Months Oeys If LESS than 1 day, Introduce of ordinared causes of importance were as follows: North profession, or perficular six diversed on the date status dove, d. Date of migoriance were as follows: Olive on which is sometimed with this excupsion (month and spent in this excupsion (month and spent in this excupsion (month and spent in this excupsion) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. DATE OF DEATH 17. AGE West sew h elive on All of 19.5 c. death is said to here occurred on the date status dove, d. Date of ensure as follows: Olive on 19.5 c. death is said to here occurred on the date status dove, d. Date of 19.5 c. death is said to here occurred on the date status dove, d. Date of 19.5 c. death is said to here occurred on the date status dove, d. Date of 19.5 c. death is said to here occurred on the date status dove, d. Date of 19.5 c. death is said to here occurred on the date status dove, d. Date of 19.5 c. death is said to here occurred on the date status dove, d. Date of 19.5 c. death is said to here occurred on the date status dove, d. Date of 19.5 c. death is said to here occurred on the date status dove, d. Date of 19.5 c. death is said to here occurred on the date status dove, d. Date of 19.5 c. death is said to here occurred on the date status dove, d. Date of 19.5 c. death is said to here occurred on the date status dove, d. Date of 19.5 c. death is said to here occurred on the date status dove, d. Date of 19.5 c. death is said to here occurred on the date status dove, d. Date on 19.5 c. death is said to here occurred on the date status dove, d. Date on 19.5 c. death is said to here occurred on the date status dove, d. Date on 19.5 c. death is said to her	1 12 1	Fraul	4	
3. SEX 4. COLOR OR RACE S. SINCLE, MARKED, WILDOWED Convince to word of the wo		lace of abode)	St., 5 - Ward. If nonresident give cit:	y or town and State
Sa. It married, widowed, or divorced HUSEANO (Day) (Year) HUSEANO (TOR) WIFE of HUSEANO (Day) HUSEANO (TOR) WIFE of HUSEANO (TOR) WIFE of HUSEANO (Day) 5. DATE OF BIRTH (month, day, end year) 7. AGE Years (Months Oeys If ESS than I day here occurred on the dete stated chove, ed. D. B.C., 192. death is said to here occurred on the dete stated chove, ed. D. B.C., 192. death is said to here occurred on the dete stated chove, ed. D. B.C., 192. death is said to here occurred on the dete stated chove, ed. D. B.C., 192. death is said to here occurred on the dete stated chove, ed. D. B.C., 192. death is said to here occurred on the dete stated chove, ed. D. B.C., 192. death is said to here occurred on the dete stated chove, ed. D. B.C., 192. death is said to here occurred on the dete stated chove, ed. D. B.C., 192. death is said to here occurred on the dete stated chove, ed. D. B.C., 192. death is said to here occurred on the dete stated chove, ed. D. B.C., 192. death is said to here occurred on the dete stated chove, ed. D. B.C., 192. death is said to here occurred on the dete stated chove, ed. D. B.C., 192. death is said to here occurred on the dete stated chove, ed. D. B.C., 192. death is said to here occurred on the dete stated chove, ed. D. B.C., 192. death is said to here occurred on the dete stated chove, ed. D. B.C., 192. death is said to here occurred on the dete stated chove, ed. D. B.C., 192. death is said to here occurred on the dete stated chove, ed. D. B.C., 192. death is said to here occurred on the dete stated chove, ed. D. B.C., 192. death is said to here occurred on the dete stated chove, ed. D. B.C., 192. death is said to here occurred on the dete stated chove, ed. D. B.C., 192. death is said to here occurred on the dete stated chove, ed. D. B.C., 192. death is said to here occurred on the dete stated chove, ed. D. B.C., 192. death is said to here occurred on the dete stated chove, ed. D. B.C., 192. death is said to here occurred on the dete stated chove, ed. D. B.C., 192. death is said to here occ	PERSONAL AND STATISTICAL PAR	RTICULARS	MEDICAL CERTIFICATE OF	DEATH
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TAGE Years Months Oeys If LESS than 1 day mrs. or min. The PRINCIPAL CAUSE OF DEATH end related causes of importance were est follows: Note that the profession, or perticular sind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	(or) WIFE of Warry J	South all	22 LEU HEREBY CERTIFY, The	at I ettended deceesed from
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8. Trede, profession, or perticular Sind of work dome, as SPINNER, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work west done, as SILK MILL, SAWYER, BOOKKEPER, etc. 10. Date decessed last worked at spent in this occupation (month end year) 11. Total time (years) 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL, CEMANTION, OR REMOVAL Place Relevant Country 19. UNDERTAKER (Address) 20. FILEO July 1. 7, 1936 21. Total time (years) Spent in this occupation of decessed? (Signed) Accident, suicide, or homicide? (Signed) Menner of injury Neture of injury Neture of injury Neture of injury 19. Neture of injury Neture of injury Neture of injury 19. Neture of injury Neture of injury 19. Neture of injury 19. Neture of injury Neture of injury 19. Neture of injury Neture of injury 19. Neture of injury Neture of injury Neture of injury 19. Neture of injury Neture of injury 19. Neture of injury Neture of injury Neture of injury 19. Neture of injury (Signed) Menner of injury in any wey related to occupation of decessed? M. O. (Address) M. O. (Address)	7. AGE Years Months Deys			
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	0 0		102	

CTATE OF MADVIAND CEDTIFICATE OF DEATH

CHOG

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related cause of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 weck ago
Chronic interstitial nephritis AUG	1921	Run over by street car	1 week ago
Cerebral hemorrhage RUNEAU V. S.	July 5,1927	Perilonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

	(131)	,
	CORPORATE LIMITS. Registration Dist. No.	1
T	HIN	3
(If	death occurred in a hospital or institution, give its NAME instead of street and n	- Ward
ios.	ds. How long In U. S. if of foreign birth?yrsmo	sds.

1	St., 6 2 Ward. If nonresident give city or town and	State
	MEDICAL CERTIFICATE OF DEATH	
	21. DATE OF DEATH	
	July 26	193
-	(Month) (Oay)	(Year)
	22.0 I HEREBY CERTIFY, Thet I attended of	deceased from
-	July 1, 19\$6, to July 76	1976
2	I last saw hor alive on July 27 1976	; death is said
	to have occurred on the date stated ebove, atm.	
S.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	
	Organia Keart	Oate of onset
	1 0 0	4 60
	Dune llegue	and the
	0 1	
	Vector	
	Other Contributory Causes of Importance:	
	9	
	Chrone Mount to	244m
	Charcia nefmit -	/_
	Neme of operation Cotion College Date of	
	What test confirmed diegnosis? Was there an er	alopsy?
	23. If death was due to external causes (VIOLENCE) fill In elso the following:	
	Accident, suicide, or homicide? Date of injury	
-	Where did Injury occur?	
	(Specify city or town, county and State Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLA	CE .
	, , , , , , , , , , , , , , , , , , ,	V 4.
_	Menner of injury	
6	Neture of injury	
	24. Was disease or injury in any way related to occupation of deceased?	
	and the state of milety in any way related to occupation di-deceased?	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I			Example II	
The principal cause of importance were	of death and related causes as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	RECEIVED	1915	Attack of epilepsy	1 week ago
Chronic interstitial ner		1921	Run over by street car	1 week ago
Cerebral hemorrhage	AUG 6 1936	July 5,1927	Peritonitis	3 days ago
	BUREAU V. S.			
Other contributory	auses of importance:	3	Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

4 4 4	STATE OF MARYLAND—	CERTIFICATE OF DEATH 6970
stat UPA	1. PLACE OF DEATH	93-0
	O Ω	TORRATE, LIMITS stration Dist No. 4
ould	County Clegan	CORPORATE LIMITS Registration Dist. No.
should of	Village or City Cumberland	No. 12 Willow Slack, War
100		death occurred in a hospital or institution, give its NAME insead of street and number) ds. How long in U.S. if of foreign birth?yrsmosd
rSICIANS statement	(A)	
CI C	2. FULL NAME Other fur	If U. S. Veteran, specify WAR
Star	(a) Residence: No. 1/2 Winten follow	Cost, Ward.
	(Usual place of abode)	If nonresident give city or town and State
. PH Exact	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
, E	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, 6R. DtVORCED (write the word)	21. DATE OF DEATH
H _a	male White married	(Mon(h) (Vay) (Year)
C T I	5a. If married, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY. That I attended decreased fro
X A C classifi	(M) WHET The Barley	~ [7] 7/
	P R N 201 1001	1926, 10
ly E	6. DATE OF BIRTH (month, day, end yeer)	I last sew h alive on 19 b; deeth is se
ber fic	7. AGE Years Months Days If LESS then 1 day,	to have occurred on the date stated ebove, at 111-20 m. The PRINCIPAL CAUSE OF DEATH end releted ceuses of importance
stated E properly certificate	54 9 /5 ormin.	were es follows:
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	kind of work done, es SPINNER, SAWYER, BDDKKEEPER, etc. 9. Industry or business in which work west date and the business in which	myreadal elementint
hould may back	3. Industry or business in which work was the part of the RR	
3 . 6	SAW MILL, But to 11. Total time (years)	
0 4 53	this occupation (month and spent in this year) occupation	
oplied. AGE erms, so that instructions of	10/1/-	Other Contributory Causes of importance:
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sul in t	14. BIRTHPLACE (city or town)	Neme of operation Date of
N a	(Oracle of Country)	Whet test confirmed diegnosis? Wes there an autopsy?
efull in pl ant.	15. MAIDEN NAME Janey Barker 16. BIRTHPLACE (city or town)	23. If deeth was due to externel causes (VIDLENCE) fill in elso the following:
	16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury19
o E a	S (State or country)	Where did injury occur?
be im	Man Louis Fring	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
hould OF D	17. INFORMACOURA AUGA GRANDE	Speed, whether might constitute in the control in t
should OF D	18. BURIAL, COMMATION OR REMOVAL	Manner of Injury
SE is	Plece Fillerest Englergie July 9, 1936	Neture of injury
mation should be car CAUSE OF DEATH TION is very import	-P. M. M.	
CA	19. UNDERTAKER Aleus Spiel Suc	24. Wes disease or injury in any wey related to occupation of deceesed?
	(Address) Cumberland, Md.	If so, specify
: (1)	20. FILED My 9, 1936. Dr. J. P. Frank	C · (Signed) (Strong M.
	Registrar.	(Address) If I selene If
	If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example I		A 1.00	Example II	
The principal cause of death and rel of importance were as follows:	ated causes Da	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1936	1915	Attack of epilepsy	1 week ago
Chronic interstitial naphritis AUG		1921	Run over by street car	1 week ago
Cerebral hemorrhage	V. S. Ju	ly 5,1927	Peritonitis	3 days ago
Other contributory causes of imports	ance:		Other contributory causes of importance:	
Gallstones	M	ay 1,1923	Gastroenteritis	1 year
		الــــــا		

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH		CORPORATE LIMITS (Registration Dist. No.	4
County (Milynny	WITHIN	Registration Dist. No.	
Village or City Commo	welland.	No. 5/6 All Market Mes S., death occurred in a hospital or institution, give its NAME instead of street a	War
Length of residence In city or town where d	leath occurred	ds. How long in U.S. if of foreign birth?yrs	mosd
2. FULL NAME Ama	nde Itaa	ner!	
(a) Residence: No. 516 Acc	Armer 1	ARK. 3 Ward.	
	(Usual place of abode)	If nonresident give city or town	- 4
PERSONAL AND STATIST	1	MEDICAL CERTIFICATE OF DEATH	4
. SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DAVORCED (write the word)	21. DATE OF DEATH	(
Hmsle White	manned	(Month) (Day)	(Year)
a. If married, widowed, or divorced HUSBAND of (or) WIFE of	2 thanks	22. HEREBY CERTIFY Thet attent	ded deceased from
fracing 7	my ngrev.	12-19-35, to 1-15	, 19.3.
DATE OF BIRTH (month, day, and year)	ng 30 1858	f last saw h l alive on	3.6 death is s
. AGE Years Months	Days If LESS then 1 day,hrs.	to have occurred on the date steted above, etm.	
77 10	25 ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:	Data of one
8. Trade, profession, or particular kind of work done, es SPfNNER,	12		
SAWYER, BOOKKEEPER, etc.	minge	Altonic Dyplant	- LXu
work was done, as SILK MILL, SAW MILL, BANK, etc.			6
9 Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	I1. Total time (yeers)	Meno Helderous	rue
year)	spent in this occupation		
2. BIRTHPLACE (city or town)		Other Contributory Causes of Importance:	
(State or country)	ill.	(arcyona)	
13. NAME Mann /E	asth	stomoch.	
13. NAME Adam 2		Name of operation 220 Date of	of
(State of Country)	ermany.	What test confirmed diagnosis? Jam X Diver there	an autopsy?_/
15. MAIDEN NAME Shyatell	1 Keshmeyer	23. If death was due to externel causes (VIOLENCE) fill in elso the follow	wing:
16. BIRTHPLACE (city of Town)	21	Accident, sulcide, or homicide? Date of injury	, 19
(State or country)	rrow.	Where did injury occur?	C
7. INFORMANT Ano R. L.	Refer	(Specify city or town, county and Specify whether Injury occurred In INDUSTRY, in HOME, or in PUBLIC	PLACE.
8. BURIAL, CREMATION, OR REMOVAL	the de	Menner of Injury	*****
Place Most Hall Can	Date 7/28,1936	Nature of injury	
9. UNDERTAKER Imio Ste	in Inc	24. Was disease or injury in any way related to occupation of deceased?	no
(Address)	Syrhal.	If so, specify	
0. FILEDERLY 28 19 36. X	y Frankel	(Signed)	The state of the s

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Cerebral hemorrhage 1936	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance;		Other contributory causes of importance:	
Gallstones	May 1,1923		1 year

STATE OF MARYLAND	CERTIFICATE OF DEATH 09/2
1. PLACE OF DEATH	AIN CORPORATE LIMITS. Registration Dist. No.
County Milegary WIT	Registration Dist. No.
Village or City Cumpulance	No. 1123 Ward death occurred in a hospital or instigution, give its NAME instead of street and number)
Langth of residence in the or town where death occurred . 3 4-yrsmos	ds. How long in U. S. If of foreign birth?yrsmosds.
2. FULL NAME Italia Anna Itel	Lez If U. S. Veteran, specify WAR
(a) Residence: No. //23 Virginia are (Usual place of abode)	St., 6-3 Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH 7 ,193 6
5a. If married, widowed, or divorced	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Humand Weller.	22. I HEREBY CERTIFY, That I attended deceased from Lyne 15 1936 to July 1 1936
6. DATE OF BIRTH (month, day, and year) Ann 29 1879	Vlast saw h-22 alive on Jerley 6 1,1956; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at _2'_dm.
54 10 8 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
8 Trade profession or particular	Caner of lever Date of onset
kind of work done, as SPINNER, Amsumble.	
kind of work dona, as SPINNER, AMYER, BOOKKEEPER, etc. 9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc. 10. Data deceased last worked at this occupation (month and the compating domains).	A 10 10 10 10 10 10 10 10 10 10 10 10 10
10. Data deceased last worked at this occupation (month and year)	
12, BIRTHPLACE (city or town)	Other Coutributory Causes of importance: Hallawever canter of Liveash
(Stata or country)	which was asward and
13. NAME Firstingend Peters	19.35
14. BIRTHPLACE (city or town)	Name of operation Date of
(State or country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIOEN NAME 16. BIRTHPLACE (city or town) 16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOLENCE) fill in also the following:
6 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Data of injury, 19
(State or country)	Whera did injury occur? (Specify city or town, county and State)
17, INFORMANT STYMANT Wyllin (Address) 1,23 Var are	Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Dellament and Date / 9 , 1936	Nature of injury
19. UNDERTAKER Lowis Stein Jag.	24. Was diseasa or injury in any way related to occupation of decaased?
(Address) Combisland	If so, specify
20. FILED July &, 19 36 Dr. J. 9. Franklig Registrar.	(Signed) (Address) Combuland Mel. M. D.

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Example I The principal cause of death and related causes Date of onset of importance were as follows:		Example II		
		Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	DECEIVED	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis		1921	Run over by street car	1 week ago
Cerebral hemorrhage	AUG 6 1936	July 5, 1927	Peritonitis	3 days ago
	BUREAU V. S.			
Other contributory causes of importance:			Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	THIN CORPORATE LIMITS. Registration Dist. No. 4
County allegary.	CORPORATE Registration Dist. No. 4
Village or City bunderland W	No. 627 Oldform Rot 6-2 Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)
10 - 11	9
2. FULL NAME Tural Wempe	If U. S. Veteran, specify WAR
(a) Residence: No.	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DEVORCED (well the word) Finale Minte Single Single Harried, WIDOWED, OR DEVORCED (well the word)	21. DATE OF DEATH (Month) (Dey) (Year)
5e. If married, widowed, or divorced HUSBAND of	22.] I HEREBY CERTIFY, That I ettended deceased from
(or) WIFE of	mar - 1934 to lily 24 1926
6. DATE OF BIRTH (month, dey, and year) Ula, 25 1852	I last saw h alive on
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 1.2m.
83 6 29 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, Amarical SAWYER, BODKKEPER, etc	7
Industry or husiness in which	Teneral Chileno-
work wes done, as SILK MILL, SAW MILL, BANK, etc	a terres
10. Date decessed lest worked et this occupation (month and spent in this occupation year)	
1. 1.1.10	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town).	Chy Obil healestin ?
is 13. NAME Francis B Hemle.	The state of the s
13. NAME + rances & Hemple.	Name of operation
(State of Country)	What test confirmed diagnosis Clinical Was there an autopsylvo
15. MAIDEN NAME anna Mr. Schmissing	23. If deeth was due to external causes (VIOL ENCE) fill In also the following:
15. MAIDEN NAME In . Schoolsong 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFDRMANT Smelach of Shares	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAY PREMATION, DR REMOVAL Combate 7/27, 19.36	Manner of injury
19. UNDERTAKER And Stein 9 (Address)	24. Was disease or injury in eny way related to occupation of deceased?
20. FILED July 27, 19 36 Dr. g. B. Frahling Registrat.	(Signed) Janch M. D. (Address) Cumberland her
Acgistrat.	(HOULDON) DOTE STORMAN S.

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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND-CERTIFICATE OF DEATH

6974

1. PLACE OF DEATH		93 c	
County Allegany	. WITHIN CORP	ORATE LIMITS. Registration Dist. No.	4
Village or City		death occurred in a hospital or institution, give its NAME instead of street	
Length of residence In city or town where de	eath occurred Qyrsmos	ds. How long in U.S. If of foreign birth?yrs	mosds.
2. FULL NAME James W	Uph Willian	If U. S. Veteran, specify WAR	************
(a) Residence No. 447 /	rel.	St., 6-2 Ward.	
//	(Usual place of abode)	If nonresident give city or tow	
PERSONAL AND STATISTIC		MEDICAL CERTIFICATE OF DEAT	ГН
male 1. color or race	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH	, 193 (Year)
5a. If married, widowed or divorced HUSBANO of (or) WIFE of Science	eight	22. HEREBY CERTIFY, That I atte	ended deceased from
6. DATE OF BIRTH (month, day, and yeer)	n 26 1896	I last saw h alive on	; death is said
7. AGE Yeers Months	Oays If LESS than	to have occurred on the date stated above, at	
39 110	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:	1
8. Trade, profession, or particular	7-1	I house toe - 7	Oate of onset
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc	stansont	Comerny arthy	Secolon
9. Adustry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	Kuker		
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	11. Total time (years)		
this occupation (month and 6/19	spent in this occupation / 22		
1. / 5	1 1 1	Other Contributary Causes of importance:	
12. BIRTHPLACE (city or town) (State or country)	sland In	Charge moral f-	1/2
-2/	11.	(mores records)	7
13. NAME / Horry /	lliamo		Noto
14. BIRTHPLACE (city or town) Chan	Morland (f	Name of operation	e of
(State or country)	-i' M.	Whet test confirmed diagnosis? Was ther	e an autopsy?
15. MAIOEN NAME Ada In	why	23. If death was due to external causes (VIOLENCE) fill in also the following	lowing:
16. BIRTHPLACE (city or town) (State or country)	marled Ing	Accident, suicide, or homicide? Oate of Injury Where did Injury occur?	
17. INFORMANT Mof R. 1 (Address)	Villiams	(Specify city or town, county an Specify whether injury occurred in INOUSTRY, in HOME, or in PUBL	IC PLACE.
18. BURIAL, CREMATION, OR REMOVAL		Manner of Injury	
Place Dreumont Ces	radate //2/, 19.36	Nature of injury	
19. UNOERTAKER arms Stein (Address)	I Ima	24. Was disease or injury in any way related to occupation of decease If so, specify	d?
20, FILEO July 20, 1936 Dr	J. P. Frankling Registrat.	(Signed) Il Vanhuan (olone

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BUMEAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

nfor- state UPA-	STATE OF MARYLAND	CERTIFICATE OF DEATH
infor- state UPA-	1. PLACE OF BEATH)	Bai D
	County Whe golfby	Registration Dist. No.
item of should of OCC	Village or City Co A 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Colo. 'St., War
= 0		death occurred in a hospital or institution, give its NAME instead of street and number)
Every CIANS cement	Length of residence in city or town where death occurredyrs	ds. How long in U.S. If of foreign birth?yrsmosd
D. Ever SICIAN tatement	2. FULL NAME	79-
YSIC state	(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PHY act st	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
T RECO	3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH 7 193 6-
T L ed.	5a. If married, widowed, or divorced	(Mg/hth) (Day) (Year)
MAN) A C assift	HUSBAND of (or) WIFE of	22. HEREBY CERTIFY, The I ettended deceased fro
X A X A Class	(1)	July 19-, 1036, to July 10, 193,
	6. DATE OF BIRTH (month, day, end yeer) 10 - 1936	I last tow him a blue on fully too ; death is sai
A J red per ffica	7. AGE Years Months Des If LESS than 1 day	to have occurred to the one state and e, et. 2 1/2 (1)
IS A PE stated E properly certificate	or_/5-min.	The PRINCIPAL CAUSE OF BEATTY and related bus of importance were as follows:
IIS be pe of c	8. Trado, p:ofession, or particular kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc.	
<u> </u>	■ ✓ N. Industry of business in which	1) & a 4
VK—T should it may n back	SAW MILL, BANK, etc.	UUMOV
3 1 5 5	10. Dato deceased last worked et this occupation (month end spent in this	D. May
NG I AGE that ons o	year) occupation	Other Contributory Canada f importance
DDIN So icti	12. BIRTHPLACE (city or town)	U CAAA
UNFADING supplied. AGI	(State or country)	1 VA
	13. NAME LOY Xemely holford 14. BIRTHPLACE (city of town) - E Changer.	
E .E CO	14. BIRTHPLACE (city of town)	Name of operation Date of
		What test confirmed diagnosis? Was there an autopsy?
INCY, WITH be carefully EATH in pla	E There is a state of the state	23. If death was due to external causes (VIDLENCE) fill in elso the following:
ca TTH por	State or coundy)	Accident, suicide, or homicide? Date of injury, 19 Where did injury occur?
be EAY	last all the land	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
E PLA should OF D	(Address)	Specify whether injury occurred in INDUSTRY, in NDME, of in PUBLIC PLACE.
Sho sho	18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
WRITE lation sl AUSE 10N is	PlaceDate	Nature of injury
-WRITE PLAINEY, mation should be car CAUSE OF DEATH TION is very import	19, UNDERTAKER	24. Was disease or injury in engage related to Compation of Occeased?
	(Address)	If so, specify Colply
" (T)	20. FILED 7-12, 19 3 C a. R. Walker 14 4	(Signed) Stasilving M.
40	Registrar.	(Address) - Rod f
	If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanie," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
1915	Attack of epilepsy	1 week ago	
1921	Run over by street car	1 week ago	
July5,1927	Peritonitis	3 days ago	
	Other contributory causes of importance:		
May 1,1923	Gastroenteritis	1 year	
	1915 1921 July 5,1927	Date of onset The principal cause of death and related causes of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:	